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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TWERWORKS US LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
DiGB9 Williams Name of Person
Anterworks US LLC Firm/Company
6075 California Ave Sw
Seattle WA 98136
City/State and Zip Code CWILLIAMS—CALAN.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Allan Name of Contact Person at (855) 776-8427 Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$125.00 Filing Fee

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 803.1M2, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREST	SY LIMITED LIABILITY
1. Interworks 115, LC	
(Name of Foreign Lithited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mus Liability Company," "L.L.C," or "LLC,")	t include "Limited
2. WASA 16-750. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	16 S
4 Avoyst 2016	全部节
(Dae hirst transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine pointly liability)	1000
s. 6075 alitoenia trul 800	
Suble, NA 98136	E S
(Street Address of Principal Office)	
Settle 111A april 2	A
(Mailing Address)	77
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Michael (alla)	
Office Address: 785/ Sking, Way	
Winter Flanden, Florida 34787	
(City) (Zip code) Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated limited liability co designated in this application, I hereby accept the appointment as registered agent and agree to act in this cape	acity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent.	I am familiar with and
Mulle Wills	
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	(-, 77
Michael Callan CEO, 7851 Stimb Way Wintal Speden FL	34787
DIGBY Williams, CFO, 6075 Cattornia UVE SW, Slatte	MI BU
	-
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custod jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the co	
of the translator must be submitted)	Millione and on our
MINUM R. BAUN	
Signature of an authorized person This description (05 0002 (1) (b) Florida Statutor Language Hallony Glas	lu famatalia a
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, I	intormation 3.S.
Typed or printed name of signee	
r Aben or brittled using or signed	



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

INTERWORKS US, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 1/22/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual,

and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penaltics owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: August 11, 2016

UBI: 603-470-938

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

