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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617 6333

From: Account Name : INCORP SERVICES INC
Account Number : 130120000037
Phone : (702) 866 2500
Fax Number : (702) 866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MANAGEDREPORTS@INCORP.COM

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SECRETARY OF STATE
TALLAHASSEE, FL

Foreign Limited Liability Company
Quantivate LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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3/15/19 QS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quantivate 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:

Courtney Thomas

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500s

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Thomas on behalf of InCorp Services, Inc. 800-246-2677

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 805.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Quantivate LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(I swear under oath, under penalty of perjury, that the foregoing is true and correct. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Washington

(Jurisdiction under the law of which Foreign limited liability company is organized)

3. 20-2951451

(If of number, if applicable)

4. Upon Registration

(Name and business address in Florida, if none, to registered agent)
(See Section 805.0902, F.S. for additional provisions)

5. 20250 144th Ave Ne, Ste 300

(Business Address of Principal Office)

6. 20250 144th Ave Ne, Ste 300

(Residing Address)

Woodinville, WA 98072

Woodinville, WA 98072

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 1788B 67th Court North

Loxahatchee

(City)

Florida 33470

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Courtney Thomas on behalf of InCorp Services, Inc.

(Registered agent's signature)

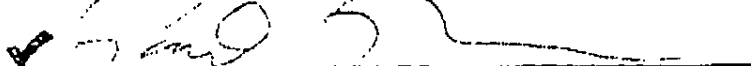
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
☐ Manager	Name:	Paul Rorberg	☐ Manager	Name:	Andy Vanderhoff
☒ Member	Address:	20250 144th Ave Ne, Ste 300	☒ Member	Address:	14806 High Bridge
☐ Authorized		Woodinville, WA 98072	☐ Authorized		Monroe, WA 98272
Person			Person		
☐ Other		☐ Other	☐ Other		☐ Other
☐ Manager	Name:		☐ Manager	Name:	
☐ Member	Address:		☐ Member	Address:	
☐ Authorized			☐ Authorized		
Person			Person		
☐ Other		☐ Other	☐ Other		☐ Other
☐ Manager	Name:		☐ Manager	Name:	
☐ Member	Address:		☐ Member	Address:	
☐ Authorized			☐ Authorized		
Person			Person		
☐ Other		☐ Other	☐ Other		☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the Index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Paul Rorberg

Typed or printed name of signer

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

QUANTIVATE LLC

FILED
2019 MAR 14 P 8:56
TALLAHASSEE, FLORIDA

I 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 09/25/2007.

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 penalties owed 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.

Issued Date: 03/13/2019
UHI Number: 602 509 473



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

Kim Wyman, Secretary of State

Date Issued: 03/13/2019