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DATE: 6/10/2021

NAME:

USER RESEARCH INTERNATIONAL LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

attack

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company, must include "Limited	Liability Company,	"L.L.C.," or "LLC.")	<u></u>
,		, , ,		
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate nom	must include "Limited Liability Co	ounpairy," "L.L C," or "LLC.")
Washington				
`	which foreign limited liability company is organized)	3	(FEI number, if app	vicable)
June 28, 2021				
•	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) e penalty liability)		
17602 NE Union Hill	Drive			
Street Address of Principal Office)		6(Mail:	ng Address)	
Redmond, WA 98052				
	-			2
7 Name and street addre	ss of Florida registered agent: (P.O. Box			72/
. I value and <u>street addre</u>		NOT acceptable	A	*
	55 OF FIORIDA TEGISTERED AGENT. (F.O. DOX	NOT acceptable)	
	- · ·	NOT acceptable)	01 HAP.)
Name:	Paracorp Incorporated	NOT acceptable)	, 01 HOP
Name:	- · ·	NOT acceptable)	2021 JUN 10 MAIO
Name: Office Address:	Paracorp Incorporated	NOT acceptable)	1:01 KV OT HOLY
	Paracorp Incorporated		32301	JUN 10 M 10: 17
	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor			VOR 10 M 10: 17
Office Address:	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City)		32301	1 :01 W 01 IIII
Office Address: Registered agent's accep Having been named as re	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) otance: egistered agent and to accept service of pi	, F	32301 Torida (Zip code)	ty company at the place
Office Address: Registered agent's accep Having been named as re lesignated in this applica	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) otance: egistered agent and to accept service of partion, I hereby accept the appointment as	, F rocess for the al registered agen	32301 Torida (Zip code) ove stated limited liabili t and agree to act in this	ty company at the place capacity. I further agre
Office Address: Registered agent's acceptaving been named as re lesignated in this applicates on the comply with the provise	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) otance: egistered agent and to accept service of pi	, F rocess for the al registered agen	32301 Torida (Zip code) ove stated limited liabili t and agree to act in this	ty company at the place capacity. I further agre

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Daniel Lubeck Name: Manager □Manager Name: _____ 23 Corporate Plaza Address: Address: □Member □Member Suite 215 □ Authorized ☐ Authorized Newport Beach, CA 92660 Person Person □Other____ □ Other_____ □Other__ Other____ Name: _____ □ Manager Name: □Manager Address: Address: □Member □ Authorized Authorized Person Person □Other_____ □Other □Other____ □Other Name: _____ Name: □Manager □Manager ☐ 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. Nonindexed 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 Jennifer Schulman

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 06/09/2021

ENTITY NAME: User Research International LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

USER RESEARCH INTERNATIONAL LLC

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 04/28/2006.

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: 06/08/2021

UBI Number: 602 571 604



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

Kim Wyman, Secretary of State

Kin Ulgna

Date Issued: 06/08/2021