Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6	383		-2
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	Phone : (307)200-2	803		
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Teleion, LLC (Name of Foreign Limited Etability Company; must include "Limited Etability Company," "L.L.C.," or "LLC.") ilt name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "E.L.C." or "LLC.") 3. 26-1608597 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 1000 Dexter Ave N Suite 520 1000 Dexter Ave N Suite 520 (Street Address of Principal Office) Seattle WA 98109 Seattle WA 98109 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: . Florida 33702 St. Petersburg 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. (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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Derek Wang Name: Craig Watson □ Manager □Manager Address: ____ XiMember Address: ✓ Member 7901 4th St N STE 300 7901 4th St N STE 300 □ Authorized □ Authorized St. Petersburg FL 33702 St. Petersburg FL 33702 Person Person □Other_ □Other_____ □Other_____ □Other_ Name: Jon Elliott _{Name:} Ryan Janzen □ Manager □Manager Address: ____ Address: _____ **X**iMember **⊠**Member 7901 4th St N STE 300 7901 4th St N STE 300 □ Authorized □ Authorized St. Petersburg FL 33702 St. Petersburg FL 33702 Person Person Other_ □Other_____ □Other___ \square Other $_$ Name: _____ Name: _____ □ Manager Address: □ Member Address: ____ □Member 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.

Riley Park

Typed or printed name of signee





Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

TELEION, 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 01/01/2008.

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: 07/06/2022 UBI Number: 602 787 974

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

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 07/06/2022