RI SOS Filing Number: 201988711960 Date: 3/15/2019 1:14:00 PM



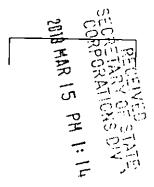
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

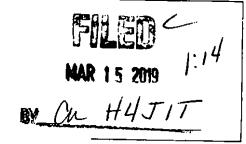
TANGO CARD, INC

| The name of the corporation is: | | |
|--|--|---|
| TANGO CARD, INC. | | |
| It is incorporated under the laws of: WASHING | GTON | |
| 3. The name, if different, which it elects to use in Rho | | |
| (a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island: | f incorporation does not contain | the word "corporation", "company", poration with the addition of one of the |
| (b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rhod filed with this application: | iland, then set forth below the fi de Island as stated in the "Fictit | ictitious name under which the tious Business Name Statement* to be |
| 4. The date of its incorporation is: 01/27/2009 | | |
| And the period of its duration is: CHECK ONE BOX X Perpetual (on-going) | ONLY | |
| Date certain for dissolution | | |
| 5. The address of its principal office is: | | |
| 4700 42ND AVE SW STE 430A, SEATTLE, WA, 98116- | | |
| 6. The name and address of the initial registered age | ent/office in Rhode Island: | |
| Agent Name C T Corporation System | | |
| | rial Parkway, Suite 7A, | |
| City/Town East Providence, | State RHODE ISLAND | Zip Code 02914 |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



| 7. The purpose or purp | oses which it proposes to p | oursue in the transaction of | business in Rhode Island are: |
|--|-------------------------------------|---------------------------------------|--|
| ITTIPE DROVISIO | on asstored us | UND COLLARES A | nd through in a dear die |
| ancillarutt | Pereto +054 oc | ner entermiera | in a 11 the little same services. |
| customer in | centive and | and bush | iustanees employeear |
| 8. (a) The names and r | espective addresses of its | directors (optional values | directors are required under the laws of the |
| state or country of which | th it is incorporated): | directors (optional, unless (| airectors are required under the laws of the |
| NAME | | | ADDRESS |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Check the box to indicate an attachment X |
| 8. (b) The names and re | espective addresses of its r | orincipal officers (mandator | y if directors are not required under the laws |
| or the state of country of | of which it is incorporated): | | y we should be not required under the laws |
| OFFICE | NAME | | ADDRESS |
| PRESIDENT | | | |
| VICE PRECIPENT | | | |
| VICE PRESIDENT | | | |
| TREASURER | | | |
| O NOTICE | | | |
| SECRETARY | | | |
| | | | |
| | | | Check the box to indicate an attachment X |
| The aggregate number par value, and series, if | er of shares which it has au | ithority to issue; itemized by | classes, par value of shares, shares without |
| NUMBER OF SHARES | · · _ · _ · _ · _ · _ · _ · _ · _ · | 07777 | |
| 30000000 | | SERIES | PAR VALUE OR STATE NO PAR VALUE |
| 3000000 | Common | | .01 |
| 20000000 | Preferred | | .01 |
| | | | |
| | | <u> </u> | |
| | | | |
| 40 A | | | |
| located within this state | rcentage, of the proportion | n that the estimated value of | of the property of the corporation to be erry of the corporation to be owned during |
| the following year, where | ever located. (Note: Percen | itage obtained from worksh | erty of the corporation to be owned during eet.) |
| 0 | | • | , |
| <u> </u> | | | |
| 11. An estimate as a ne | ercentage of the proportion | n of the gross amount of hi | |
| at or from places of busil | ness in Knode Island during | g the following year compai | siness to be transacted by the corporation red to the gross amount thereof which will be |
| transacted by the corpor | ation during the following y | ear. (Note: Percentage obt | ained from worksheet.) |
| 18.5 | | | |
| , , , , , , , , , , , , , , , , , , , | | | |

| 12. This application must be accompanied by a <u>Certificate of Good Stand</u> formation dated within 60 days of the date of this filing. | ing/Letter of Status from the state or country of |
|---|--|
| 13. Date when the Certificate of Authority will be effective: CHECK ONE I | BOX ONLY |
| X Date received (Upon filing) | |
| Later effective date (Date must be no more than 90 days from the da | ate of filing) |
| Under penalty of perjury, I declare and affirm that I have examined this Ap accompanying attachments, and that all statements contained herein are | oplication for Certificate of Authority, including any true and correct. |
| Type or Print Name of Authorized Officer Carrie Casanas | Date 3/12/2019 |
| Signature of Authorized Officer of the Corporation Caule Casemer 1 | |

Address: 4700 Hana Mr., Sta. 430A Seattle, WA 98/16-4589

| Entity Name | Domestic Jurisdiction | Domestic Jurisdiction 👬 Management Name | Title Role | Title Role Title 🚮 🔭 🛶 | Department 🏋 Status 😠 | Status 👳 |
|------------------|-----------------------|---|------------|------------------------|-----------------------|----------|
| Tango Card, Inc. | Washington | Maples, Julie | Director | Director | ı | Active |
| Tango Card, Inc. | Washington | Anderson, Robert | Director | Director | ı | Active |
| Tango Card, Inc. | Washington | Casanas, Carrie | Officer | Treasurer/CFO | ı | Active |
| Tango Card, Inc. | Washington | Leeds, David | Director | Chairman of the Board | I | Active |
| Tango Card, Inc | Washington | Leeds, David | Director | Director | I | Active |
| Tango Card, Inc. | Washington | Leeds, David | Officer | President/CEO | ı | Active |
| Tango Card, Inc. | Washington | Libbey, Chase | Officer | Secretary | 1 | Active |
| Tango Card, Inc. | Washington | Riegelsberger, Kevin | Director | Director | 1 | Active |
| Tango Card, Inc. | Washington | Winship, Chris | Director | Director | 1 | Active |



Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

TANGO CARD, INC.

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 01/27/2009.

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:

03/08/2019

UBI Number:

602 894 145

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

Kim Wyman, Secretary of State

Date Issued: 03/08/2019



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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

March 15, 2019 01:14 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

