APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Oct 02, 2018
OREGON SECRETARY OF STATE

REGISTRY NUMBER

148207095

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

THE HIVVE

BUSINESS ACTIVITY

COWORKING & INCUBATION

PRINCIPAL PLACE OF BUSINESS

164 SE G ST
GRANTS PASS OR 97526 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

148180896 - THE HIVVE LLC

164 SE G ST
GRANTS PASS OR 97526 USA

REGISTRANT/OWNER

148180896 - THE HIVVE LLC

164 SE G ST
GRANTS PASS OR 97526 USA

COUNTIES

JACKSON, JOSEPHINE

I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true,correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

TREVER A YARRISH

TITLE

REGISTRANT

DATE SIGNED

10-02-2018