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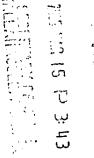
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TRANSMITTAL LETTER

	gistration Section vision of Corporations			
SUBJECT	r: Marshall and Associate	es, Inc.		
			tion - must include suffix)	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign of Existence," and check siness in Florida.			ct Business in Florida," nced foreign corporation to
Please retu	rn all correspondence conc	erning this mat	ter to the following:	
Elizabeth J	. Marshall			
		(Name	of Person)	
Marshall ar	nd Associates, Inc.			
		(Firm/C	Company)	-
1603 Coop	er Point Road NW			
		(Ac	ldress)	
Olympia, W	/A 98502			_
		(City/Stat	e and Zip code)	
	information concerning th	-		-
Melanie Ty		at (360	352-1279 a Code & Daytime Teleph	and Ministers (1)
ST Rep Div 409	REET ADDRESS: gistration Section vision of Corporations D.E. Gaines St. lahassee, FL 32399	(Alc	MAILING Al Registration S Division of Co P.O. Box 632' Tallahassee, F	DDRESS:
Enclosed is	a check for the following	amount:		
□ \$70.00 I		iling Fee & ate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 25, 2005

ELIZABETH J. MARSHALL MARSHALL AND ASSOCIATES, INC. 1603 COOPER POINT ROAD NW OLYMPIA, WA 98502

SUBJECT: MARSHALL AND ASSOCIATES, INC.

Ref. Number: W05000010001

We have received your document for MARSHALL AND ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 505A00013459

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Ma	arshall and A	ssociates, Inc.			
		orporation; must include "INCORPORAT forp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATI	",אכ
Ma	arshall G	IS, Inc.			
(If	name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transac	ting business in Florida)
a W	ashington		2	91–1642188	
		under the law of which it is incorporated)	_ J.	(FEI number, if a	oplicable)
4. Ma	ay 27, 1994		5.	Perpetual	
	(Date	of incorporation)	•	(Duration: Year corp. will cease	to exist or "perpetual")
6. Ja	anuary 14, 20	004			
		(Date first transacted busine		n Florida, if prior to registration) 02, F.S., to determine penalty liab	ility)
7. 160	33 Cooper Pe	oint Road NW, Olympia, WA 98502			
		(Principal office	addı	ress)	
Sai	me				
		(Current mailing	addı	ress)	
_				,	
8. <u>Ge</u>		ormation services consulting, remote s o) of corporation authorized in home state of			
	(Fulpose(S	of corporation authorized in notice state of	oi co	unity to be carried out in state of r	iorida)
9. Na	ime and stree	et address of Florida registered agent:	(P.O	. Box NOT acceptable)	
	Name:	Sylvia Bartlett			70 m
Office	e Address:	25230 NE 136th Lane			
01110	o manços.				
		Salt Springs,		, Florida 32134-9530	12 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(City)		(Zip code)	
		gent's acceptance:			The same
		ed as registered agent and to accept so			
		application, I hereby accept the appo- omply with the provisions of all statute			
		with and accept the obligations of my			
		Tp-(p:	-1		
	_	Juliua Bari (Registered agent's signatu	<u>le</u>	<i>u</i>	
		(Registered agent's signal	ure)		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

Chairman:	Elizabeth J. Marshall		
.ddress: _	1602 Easthill Place NW		
_	Olympia, WA 98502		
ice Chairí	man:		
<u></u>			
irector: _			
ddress: _			
irector: _			
.ddress: _			
_			
. OFFIC	CERS		
resident:	Elizabeth J. Marshall		<u>.</u>
ddress: 1	602 Easthill Place NW		
<u>c</u>	Dlympia, WA 98502		
ice Preside	ent;	AS Z	
_			u-19 4
cretary: _		in the second se	1 7 3
ddress: _		77.60 	'weggen av'
easurer: _		<u> </u>	

(Typed or printed name and capacity of person signing application)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF MARSHALL AND ASSOCIATES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 5/27/1994.

I FURTHER CERTIFY that as of the date of this certificate, MARSHALL AND ASSOCIATES, INC. remains active and has complied with the filing requirements of this office.

Date: February 16, 2005

UBI: 601-548-898

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

Sam Reed, Secretary of State