# F00000000752

## TRANSMITTAL LETTER

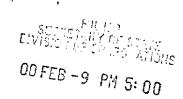
To:

Qualification/Tax Lien Section Division of Corporations

SUBJECT: KJM + Associates, Ltd.

	(Name of corpo	ration - must include suffix)		
Dear Sir or Madam;				
The enclosed "Applicat "Certificate of Existence to transact business in I	e", and check are submitted	n for Authorization to Transact I to register the above reference	t Business in Florida", ced foreign corporation	
Please return all corresp	ondence concerning this m		• .	
Ka	ren J. Mask (Nam	500	0003067965 -12/13/9901103007 ******78.75 ******78.7	
	(IVAII	e of reison)	**************************************	
<u></u>	TM + Associati	is, Ltd.  (Company)		
50	0-108th Aver	ne NE, Suite 10 Address)	000	
R	Maria 114 900	±0. €		
_ 02	Merne, WA 9,80 (City	/State/Zip)	-	
	( - · · ·	Τ,	W99-28991	
Should you need to call	someone concerning this n	natter, please call:		
		_		
(Name of Person) at (425) 451-388/ (Area Code & Daytime Telephone Number)				
STREET ADDRESS:		MAILING ADDRESS	: 3 Eg	
Qualification/Tax Lien Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399		Qualification/Tax Lien S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for	the following amount:		, 00 t	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	





December 10, 1999

Qualification/Tax Lien Section Divison of Corporations 409 E.Gaines St Tallahassee, FL 32399

Ladies and Gentlemen;

Enclosed are the following:

- Transmittal Letter
- Application by Foreign Corporation for Authorization to Transact Business in Florida
- Filing Fee of \$78.75
- Original Certificate of Existence

Please mail all correspondence to:

KJM & Associates, Ltd. Attn: Ferrelyn Jack 500 108th Ave. N.E. Suite 1000 Bellevue, WA 98004-5500

Thank you for your assistance.

Sincerely.

Ferrelyn Jack Accountant

(425) 451-3881 ext 26



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

TO TO STATE FOR ATIONS

PD FEB -9 PM 5: 00

December 20, 1999

KAREN J. MASK 500 108TH AVE. N.E., STE 1000 BELLEVUE, WA 98004-5500

SUBJECT: KJM & ASSOCIATES, LTD.

Ref. Number: W99000028991

We have received your document for KJM & ASSOCIATES, LTD. 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 use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 899A00059580





00 FEB -9 PM 5:00

26 January 2000

Agnes Lunt
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Application by Foreign Corporation for Authorization to Transact Business in Florida

Reference: W99000028991; Telecon Pillie/Lunt 26 January 2000

In response to our telephone conversation, we are returning the Application by Foreign Corporation for Authorization to Transact Business in Florida form, inserting "Inc." after "KJM and Associates, in order to meet your requirements to include such a designation.

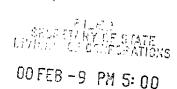
Please feel free to contact me should you have any questions or desire any additional information.

Sincerely,

Doreen J. Pillie
Contract Administrator

Enclosure





30 December 1999

Florida Department of State Attn: Agnes Lunt, Document Specialist Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Application by Foreign Corporation for Authorization to Transact Business in Florida

Reference No. W99000028991, Letter No. 899A00059580, dated 20 December 1999

Please clarify your refusal to accept KJM & Associates, Ltd. as an acceptable corporate suffix. Our company is legally incorporated in the State of Washington as "KJM & Associates, Ltd." A copy of our Certificate of Incorporation with the State of Washington is enclosed for your reference.

We have added the words "a Washington Profit Corporation" to our company name on the application. We hope that this addition is sufficient for you to proceed with processing the application. Please feel free to contact me should you have any additional questions regarding this matter.

Sincerely.

Karen J. Mask

President

Enclosures

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT 9 PM
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. KIM + Associates LTD.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Washington

(State or country under the law of which it is incorporated)

3. 91-1350719

(FEI number, if applicable)

4. 91/1866

5. Parpathal

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. Not yet initiated - goal to begin is 1/2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 500 108 R Ave. NE, Suite 1000

Rellevue WA 98004

8. Project & Construction Management

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation , Florida, 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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) Kathleen Gariepy, Asst. Secy.

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 which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

	1-670m 7450
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	OO - CONTRACT OF STATE
Chairman: Karen J. Mask	CO FEB - 9 PH 5: 00
Address: 500 - 108th Ave. NE, Suite 1000	J. UD
Bellevne, WA 98004	- 
Vice Chairman:	
Address:	and an arriver of
Director:	
Address:	
Director:	
Address:	The state of the s
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Karen J. Mark	
Address: 500-108/2 Ave. NE, Suite 1000	
Bellevne WA 98004	<u>-</u> .
Vice President: Sandy K. Mask	
Address: 2515 McKinney Avenue Suite 930	
Dallas, TX 7520/	
Secretary: Karen J. Mask	
Address: 500 - 108th Ave NE, Suite 1000	
Bellevus WA 98004	
Treasurer: Karan J. Mask	-
Address: 500 - 108th Ave NE, Suite 1000	
Rellevue, WA 98004	-
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the approximation of the signature of Chairman, or any officer listed in number 12 of the approximation of the signature of Chairman, or any officer listed in number 12 of the approximation of the signature of Chairman, or any officer listed in number 12 of the signature of Chairman, or any officer listed in number 12 of the signature of Chairman, or any officer listed in number 12 of the signature of Chairman, or any officer listed in number 12 of the signature of Chairman, or any officer listed in number 12 of the signature of Chairman, or any officer listed in number 12 of the signature of Chairman, or any officer listed in number 12 of the signature of Chairman, or any officer listed in number 12 of the signature of Chairman, or any officer listed in number 12 of the signature of Chairman o	oplication)
14. Karen J. Mark President  (Typed or printed name and capacity of person signing application)	m)
(1) here of brunes must enhantly of betsom signing abbitcand	<del></del> -/

## STATE of WASHINGTON



## SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

#### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

## KJM & ASSOCIATES, LTD.

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 Washington and was issued a Certificate of Incorporation in Washington on September 16, 1986.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.



Date: December 1, 1999

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



Ralph Munro, Secretary of State