## TRANSMITTAL LEGTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Entree's INC	<u>•</u> .
	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	r Authorization to Transact Business in Florida", register the above referenced foreign corporation  50003455795
Please return all correspondence concerning this matter	er to the following: *****87.50 *****87.50
Jim 6:11	liamson
(Name o	f Person)
Eutree's Inc.	· <del>-</del> ··
(Firm/Co	•
Seattle, WA	S #/0/
500(1)0 100	98/34 ate/Zip)
City/Sta	<u>48/34</u>
(0.03/50.	
Should you need to call someone concerning this matter	er, please call:
Tim Williams & at (206 (Name of Person) (Area	) 625-///6 PS 8 Code & Daytime Telephone Number) ≥ S
(Alca (	Name receptions Number)
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section Division of Corporations	MAILING ADDRESS:  Qualification/Tax Lien Section Division of Corporations
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	11/13
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy

# 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. Entree's Inc.
(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.)
a Madage A
2. Wash was to State or country under the law of which it is incorporated)  3. 91-15/17/0  (FEI number, if applicable)
4. Oa/04/91  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to existor "perpetual")
6. Awaiting AppRoval - Hopefully April 2000 OCtober 1, 2000 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
(Date first transacted business in Florida.) (SEE SECTIONS 607, 1501, 607, 1502 and 817, 155, F.S.)
7. 800 Mayward Ave S. #101
Seattle, WA 98134 (Current mailing address)
(Current mailing address)
——————————————————————————————————————
8 All Business Dupposes T 1 Q
8. All Business Purposes - Food Processing  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(2 an possets) of corporation admonized in nome state of 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)
TO THE
Name: JAMes S. Williamson
Clo Son Specialties
Office Address: 2923 old Tampa Hwy
Name: JAMES S. Williamson FS D  Clo San Specialties  Office Address: 2923 8/d Tampa Hwy
46 ke /40d, Florida, 3380 3
(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
inis 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 account
the obligations of my position as registered agent.
(Registered agent's signature)
(Pagistared agent's signature)
(vegisieren agent 2 signature)
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

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

Hewderson MAR, 3621/3112 Ave NE, Bellevue, WA 98005 President

TREASURER

TREASURER

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	, 1 
Address:	
Vice Chairman:	· · · · · · · · · · · · · · · · · · ·
Address:	·
Director:	
Address:	
Director:	· · · · · · · · · · · · · · · · · · ·
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	)
President: Heuderson Mar	<u> </u>
Address: $3621$ $134^{Th}$ Ave $N. E$	
Bellevue, WA 98005	O CO
Vice President:	
Address:	SEX 1
	FLS P
Secretary: Javis P.W. M. a.R	NTE 46
Address: 3621 134th Ave. NE.	
Bellevue, WA 98005	
Treasurer:	
Address:	
	the state of the s
NOTE: If necessary you may attach an addendum to the application listing	ag additional officers and/or directors
13 ( ) Varlem ) ( ) In	
Signature of Chairman, Vice Chairman, or any officer list	ted in number 12 of the application)
4. Henderson Mar (Typed or printed name and capacity of	

## 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

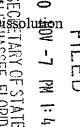
#### CERTIFICATE OF EXISTENCE/AUTHORIZATION

**OF** 

### ENTREES, 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 Washington and was issued a Certificate of Incorporation in Washington on February 4, 1991.

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: November 3, 2000

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



Ralph Munro, Secretary of State

200-002