

FOI 000004870

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORCAS MARINE PRODUCTS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

<u>BARBARA HEAD</u>	FILED
(Name of Person)	01 SEP 12 PM 5:00
<u>ORCAS MARINE PRODUCTS, INC.</u>	SECRETARY OF STATE
(Firm/Company)	TALLAHASSEE, FLORIDA
<u>P O BOX 729</u>	
(Address)	
<u>EASTSOUND WA 98245-0729</u>	
(City/State and Zip code)	

For further information concerning this matter, please call:

BARBARA HEAD at (360) 376-3511
(Name of Person) (Area Code & Daytime Telephone Number)

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*****87.50 *****87.50

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FOI-4870
OK

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & 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. ORCAS MARINE PRODUCTS, 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.)
2. WASHINGTON 3. 93-1083015
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03-13-1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7 AIRPORT WAY EASTSOUND WA 98245
(Principal office address)
P O BOX 729 EASTSOUND WA 98245
(Current mailing address)
8. SALE OF MARINE HARDWARE
(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: LILLIAN JANE MAY
Office Address: 2109 COACHMAN RD
Spring Hill, Florida 34608
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

+ Lillian Jane May
(Registered agent's 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 which it is incorporated.

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

A. DIRECTORS

Chairman: NANI S WARREN

Address: 2365 SW MADISON
PORTLAND OR 97205

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: OREN L COTTON

Address: PO BOX 729
EASTSOUND WA 98245

Vice President:

Address:

Secretary: JACK B SCHWARTZ

Address: 421 SW 6TH AVE, SUITE 1212 PORTLAND OR 97201

Treasurer: CAROL R COTTON

Address: PO BOX 729 EASTSOUND WA 98245

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Carol R Cotton
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CAROL R COTTON, TREASURER
(Typed or printed name and capacity of person signing application)

STATE of WASHINGTON



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

ORCAS MARINE PRODUCTS, 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 March 13, 1992.

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: August 2, 2001

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

sm

Sam Reed, Secretary of State