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Special Instructions to F	iling Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Alliance Enterprises, Inc.							
(Name o	f corporation - must include suffix)						
Dear Sir or Madam:							
The enclosed "Application by Foreign Corp "Certificate of Existence", and check are su transact business in Florida.	poration for Authorization to Transact Business in Flor bmitted to register the above referenced foreign corpo	ida", ration to					
Please return all correspondence concerning	this matter to the following:						
Shelle	y Skrivanich						
	(Name of Person)						
Alliano	e Enterprises, Inc.						
	(Firm/Company)	Q 25					
5421 Peninsula Dr. SE							
	(Address)	#3 P					
	ia, WA 98513						
•	(City/State and Zip code)	30 911 3: 36					
For further information concerning this mate	ter, please call:	O4 JIM 30 PH 3: 36					
Shelley Skrivanich	(360) 456-7000						
(Name of Person)	(Area Code & Daytime Telephone Number)	-					
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration 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 amoun	nt:						
☐ \$70.00 Filing Fee ☐ \$78.75 Filing F Certificate of S		of Status &					

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.		terprises, Inc.				
		corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"		
	Alliance E	nterprises of Washington, Inc.				<u>. </u>
	(If name unava	ilable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business i	n Florid	la)
2.	Washingto	on State	3.	91-1150276		
	(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)		
4.	August 21,	1981	5.	Perpetual		<u> </u>
	(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "po	erpetual	")
6.	Upon qualif	ication				· + -
	(Date first trans			transacted business in Florida, insert "upon qua, 607.1502 and 817.155, F.S.)	Q.	Z
7.	5421 Penins	sula Dr. SE, Olympia, WA 98513		the second secon	<u>س</u> بع <u>ت</u>	望
	5421 Penis	(Principal office ansula Dr. SE, Olympia, WA 09513	ıddı	ress)	JE 30	CONT.
	0722	(Current mailing	add	ress)		SERVED 3: 36
Q	Computer	Software development, training, as	ıđ	consulting.		36 PES
ο.		(s) of corporation authorized in home state o				
9.	Name and <u>st</u>	reet address of Florida registered agen	t:	(P.O. Box or Mail Drop Box NOT acceptab	le)	
	Name:	Corporation Service Company				
0	ffice Address:	1201 Hays Street				
		Tallahassee		, Florida 32301		
		(City)		(Zip code)		
H de	laving been na esignated in th	is application, I hereby accept the appoi	ntr	ce of process for the above stated corporati nent as registered agent and agree to act in elative to the proper and complete perform	this ca	pacity. I

- 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:

and I am familiar with and accept the obligations of my position as registered agent.

A. DIRECTORS

Chairman:	DISA GILIOIU		
Address: _	5421 Peninsula Dr. SE		· · · · · · · · · · · · · · · · · · ·
_	Olympia, WA 98513		
Vice Chair	man;	***	
Address: _			
— Director:	Richard Gifford		
	5421 Peninsula Dr. SE		
_	Olympia, WA 98513	· · · · · · · · · · · · · · · · · · ·	-
Director: _	Lee Cousineau		
	5421 Peninsula Dr. SE		
_	Olympia, WA 98513		
B. OFFI	CERS		0 7
President:	Lisa Gifford		J. S. D.
Address: _	5421 Peninsula Dr. SE		3 OF THE
_	Olympia, WA 98513		P
Vice Presid	dent: Richard Gifford	Lee Cousineau	ယ္ ဦး
Address: _	5421 Peninsula Dr. SE	5421 Peninsula Dr. SE	36
_	Olympia, WA 98513	Olympia, WA 98513	
Secretary:	Lisa Gifford		
Address: _	See above		•
Treasurer:	Lisa Gifford		
Address: _	See above		<u> </u>
NOTE: 1	Disco (B)	to the application listing additional officers	s and/or directors.
	•	ted in number 12 of the application)	
14. Lis	sa Gifford, President (Typed or printed name and	d 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

ALLIANCE ENTERPRISES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Pro Corporation was formed under the laws of the State of WA and was issued a Certificate of Incorporation in Washington on 8/20/1981.

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

Date: January 23, 2004

UBI: 600-414-262

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

Sam Reed, Secretary of State