# F04000002024

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#### TRANSMITTAL LETTER

TO: Registration Section

Division of Corpor	ations		
subject: Palm	(Name of corporat	of Wishia ion - must include suffix)	igton, Inc.
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence", transact business in Florida	and check are submitted to		
Please return all correspond	lence concerning this matte	er to the following:	
Stanley	B. Palmo	r. Jr.	
^	(Name	of Person)	0
Palmer	Marine o	f likeshingt	on, Inc. Fig.
	(Firm/C	company)	R G
Stell I	mperial li	ky SW	ל אינ
		dress)	
Port Or	chard his	A 9836	·7 5
	(City/State	e and Zip code)	- J
For further information cor	ncerning this matter, please	call:	
Rose Dal	4 at (3/cl	) 674-76 a Code & Daytime Telepho	90
(Name of Person)	(Area	a Code & Daytime Telepho	ne Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
Enclosed is a check for the	following amount:		
☐ \$70.00 Filing Fee <b>⑤</b>	\$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.
Palmar Maring of whole worker ly-
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ine," "Co," or "Corp.")
Sha mock Bacts (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
1. Machine - An - Marker (1)
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/16/02 5. Derpolical
(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. 5611 Imperial way Sw. Port Orchard WA 9836
(Principal office address)
Same (Comment molling address)
(Current mailing address)
8. Boat Manufacturing  (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: WAVID B. Sloan
Name: DAVID B. Sloan Office Address: 3134588th Place
Cope Coral , Florida 33904
(City) (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.
Dand B. Slam (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: \_\_ Address: \_\_\_ Vice Chairman: Address: \_\_\_\_\_ Director: Address: Director: **B. OFFICERS** President: Address: Vice President: \_ Secretary: \_\_ Address: \_ Treasurer: \_ Address: ssary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

(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

#### PALMER MARINE OF WASHINGTON 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 5/16/2002.

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

Date: March 26, 2004

UBI: 602-206-072

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

Sam Reed, Secretary of State

