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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: GEMINI CAPITAL MANAGEMENT, 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:
KERRI ANNERSON
(Name of Person)
GEMINI CAPITAI MANAGEMENT INC.
(Firm/Company)
95 YESLER WAY, 2ND FLOOR
(Address)
SEATURE, WA 98104
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (206) 652 – 988 (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
S70.00 Filing Fee Scrifficate of Status 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Duration: Year corp. will cease to exist or "perpetual (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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 NOT acceptable) Name: Office Address: 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)

- 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: MARK BELLES	
Address: 95 YESLER WAY AND FLOOR	
SEATTLE, WA 98104	-
Vice Chairman: NA	
Address:	
Director: NA	
Address:	
Address.	
Director: NA	
,	
Address:	
B. OFFICERS	
President: MARK DELLES	
Address: 95 YESLER WAY, 2NO FLOOR	
SEATLE, WA 9BIOY	
Vice President: NA	
Address:	
Secretary: NA	
Address:	3
Na =	
Treasurer. 1011	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Mark Belles	
(Signature of Director or Officer listed in number 12 of the application)	
14. MARK BELLES, PRESIDENT CHAIRMAN JUNE 18, 2004	
(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

GEMINI CAPITAL MANAGEMENT, 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 9/6/2001.

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

Date: June 17, 2004

UBI: 602-147-209

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

Sam Reed, Secretary of State