F05000007578

(Requestor's Name)
(Address)
, ,
Adding 2
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations	•
•	Corporation
(Name of corpora	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matt	
Robert Rodin	ques W05-56154
_	4
Concor Co	Company)
2719 Rochester St.	W. Svite 3 For S.
(Ac	Idress)
Tacoma Wa. 9846	(o
(City/Stat	e and Zip code)
For further information concerning this matter, please	e call:
Melissa Clarke at (25.	3) 566-1803
	a Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\bigcup \text{\$78.75 Filing Fee & Certificate of Status}	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2005

ROBERT RODRIGUEZ COMCOR CORPORATION 2719 ROCHESTER ST. W. SUITE 3 TACOMA, WA 98466

SUBJECT: COMCOR CORPORATION

Ref. Number: W05000056154

We have received your document for COMCOR CORPORATION, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 005A00073224

APPLICATION BY FOREIGN CORPÖRATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

Enter name of co	Corporation; must include INCORPORATED," "COMPANY," "CORPORATION," Corp.," "Inc.," "Co.," or "Corp.")	
If name unavaila	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Flo	orida)
tate or country	under the law of which it is incorporated) 3. 91 115 95 16 (FEI number, if applicable)	
21:	5/1997 5. Perpetual	
(Date	e of incorporation) (Duration: Year corp. will cease to exist or "perpetu	ıal")
77-19	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Rochester St. W. Suite 3 Tagma. W	 <u>.9</u> 84
~ (((Principal office address)	, , , , , , , , , , , , , , , , , , ,
27-19	Rochester St. W. Suite 3, Tacome De. 9 (Current mailing address)	8460
Noc	tgage Broker	-13- E
	s) of corporation authorized in home state or country to be carried out in state of Florida)	10 t
	et address of Florida registered agent: (P.O. Box NOT acceptable)	17.73
Name:	DYZI DRAGNIMAN DK	是二
e Address:	Melissa Rodriguez	<u>.</u>
	Orlando, Florida 32810 (City) (Zip code)	
Danistavad aa	gent's acceptance:	

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

- 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: _ Address: **B. OFFICERS** Gig Harbor, Dec. 98332 Vice President: Address: _ Secretary: _ Address: _ Treasurer: Address: _ NOTE: If necessary, you may attach as 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)



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

COMCOR CORPORATION

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 Cert Incorporation in Washington on 2/5/1997.

I FURTHER CERTIFY that as of the date of this certificate, COMCOR CORPO remains active and has complied with the filing requirements of this office

Date: December 9, 2005

UBI: 601-767-210

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

Sam Reed, Secretary of State