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(Address)

(City/State/Zip/Phone #)

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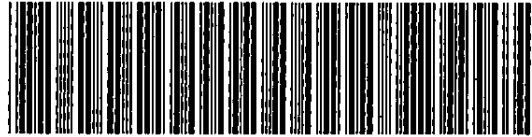
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight MAR 02 2007

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Network Services Northwest, 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:

Sarah Gibson

(Name of Person)

Incorp Services, Inc.

(Firm/Company)

3155 E. Patrick Lane, Ste. 1

(Address)

Las Vegas, NV 89120

(City/State and Zip code)

For further information concerning this matter, please call:

Sarah Gibson

(Name of Person)

at ( 702 ) 866-2500

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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. **Network Services Northwest, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"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)

2. **Washington**

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. **01/01/2004**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **217 W PIONEER AVE, MONTESANO, WA 98563**

(Principal office address)

**217 W PIONEER AVE, MONTESANO, WA 98563**

(Current mailing address)

8. **Consumer sales and all other business purposes allowed by law.**

(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: **Incorp Services, Inc.**

Office Address: **17888 67th Court North**

**Loxahatchee, Florida 33470**

(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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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.*

*Sarah Gibson on behalf of Incorp Services, Inc.*  
Sarah Gibson (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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Brian Schumacher

Address: 217 W PIONEER AVE, MONTESANO, WA 98563  
\_\_\_\_\_

Vice President: Tina J. Schumacher

Address: 217 W PIONEER AVE, MONTESANO, WA 98563  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

13.  President

(Signature of Director or Officer listed in number 12 of the application)

14. Brian S. Schumacher

(Typed or printed name and capacity of person signing application)

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AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

# The 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  
NETWORK SERVICES NORTHWEST, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 1/1/2004.

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

Date: February 9, 2007

UBI: 602-352-618



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

Sam Reed, Secretary of State