F07000003908

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Coples	Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use Onl	is a



07/19/07--01010--020 **87.50

M.3472



08/03/07--01001--008 **1150.00

T. Burch AUG 3 2007

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: AHBL, Inc	
(Name of corp	poration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to
Please return all correspondence concerning this r	matter to the following:
Joyce Bell	and the second of the second o
(Na	me of Person)
AHBL, Inc.	ا المنظم الم المنظم المنظم المنظ
(Fir	rm/Company)
2215 N. 30th Street, Suite 300	
	(Address)
Tacoma, WA 98403	<u> 18 ann an Aire an Ai</u>
(City/S	State and Zip code)
For further information concerning this matter, plant of the second seco	53 383-2422
&	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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



July 19, 2007

JOYCE BELL 2215 N 30TH STREET STE 300 TACOMA, WA 98403

SUBJECT: AHBL, INC.

Ref. Number: W07000034702

We have received your document for AHBL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

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".

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

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 507A00045620

Tim Burch Document Specialist

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.

	and the second s		· **
	ame adopted for the purpose of transacting business in Florida)	•	
Washington state	3. 91-0915991	,	
(State or country under the law of which it is incorporated)	(FEI number, if applicable)		
1974 April 24	5. perpetual		بالم
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
~ MAY 19, 2006	المحاصلين والمعارض والمحاصل والمحاصل	er ku	·출기
	ess in Florida, if prior to registration)		
	07.1502, F.S., to determine penalty liability)	280	
2215 N. 30th Street, Suite 300, Taco		7	. 4
(Principal office	E. 20 (A)	용	1
2215 N. 30th Street, Suite 300, Taco		င်္သ	
(Current mailing	g address)	<u>⊐</u> 2	
To Provide Professional engineering	g and related services.	~~ N	
(Purpose(s) of corporation authorized in home state	or country to be carried out in state of Florida)	ယ	
. Name and street address of Florida registered agent:	(P.O. Box NOT acceptable)	7	
Name and street address of Florida registered agent: Name: <u>CT CoxPoRATION SYSTEM</u>		7	
		7	
Name: <u>CT CORPORATION SYSTEM</u> Office Address: <u>1200 S. Pine Island Ro</u>		7	
Name: CT CORPORATION SYSTEM Office Address: 1200 S. Pine Island Ro		7	
Name: <u>CT CORPORATION SYSTEM</u> Office Address: <u>1200 S. Pine ISLAND Ro</u> RAMTATION (City)		7	
Name: CT CORPORATION SYSTEM Office Address: 1200 S. Pine Island Ro Plantation (City) O. Registered agent's acceptance: Having been named as registered agent and to accept s	Florida 88324 (Zip code) service of process for the above stated corporation at the p		••
Name: CT CORPORATION SYSTEM Office Address: 1200 S. Pine Island Ro Plantation (City) O. Registered agent's acceptance: laving been named as registered agent and to accept sessignated in this application, I hereby accept the application,	Florida 85324 (Zip code) service of process for the above stated corporation at the pointment as registered agent and agree to act in this capa-	city. I	
Name: <u>CT Corporation Systems</u> Office Address: <u>1200 S. Pine Island Ro</u> Plantation (City) O. Registered agent's acceptance: Inving been named as registered agent and to accept sesignated in this application, I hereby accept the application of all status	Florida 88324 (Zip code) service of process for the above stated corporation at the pointment as registered agent and agree to act in this capates relative to the proper and complete performance of m	city. I	
Name: CT CORPORATION SYSTEM Office Address: 1200 S. Pine Island Ro Plantation (City) O. Registered agent's acceptance: laving been named as registered agent and to accept sessignated in this application, I hereby accept the application,	Florida 88324 (Zip code) service of process for the above stated corporation at the pointment as registered agent and agree to act in this capates relative to the proper and complete performance of m	city. I	
Name: <u>CT Corporation Systems</u> Office Address: <u>1200 S. Pine Island Ro</u> Plantation (City) O. Registered agent's acceptance: Inving been named as registered agent and to accept sesignated in this application, I hereby accept the application of all status	Florida 88324 (Zip code) service of process for the above stated corporation at the pointment as registered agent and agree to act in this capates relative to the proper and complete performance of m	city. I	

ASSISTANT SECRETARY

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:

	Town Makes D.E.						
Chairmar	Tom Hicks, P.E.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	• •		·	<u>=</u> =,
Address:	2215 North 30th Street, Suite 300, Tacoma, WA	98403			· =-		_
		<u></u>			-	. <u> </u>	<u>-</u>
Vice Cha	irman: Sean Comfort, P.E.						
	2215 North 30th Street, Suite 300, Tacoma, WA					<u>-</u>	
, 1441 055,	, size .					200	_
Director:					٠	7 AUG	
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Disastuu					33	13	
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Address:						<u> </u>	
							٠.
B. OFF	TICERS						
President	Tom Hicks, P.E.		- 		·	<u></u>	 <u></u>
Address:	2215 North 30th Street, Suite 300, Tacoma, WA	98403					
	<u> </u>					, <u>-</u>	
Vice Pre	sident: Doreen Gavin, P.E.						-
	2215 North 30th Street, Suite 300, Tacoma, WA						
radicss.							<u> </u>
	Cara Carafad DE						<u> </u>
Secretary	2215 North 30th Street, Suite 300, Tacoma, WA	98403	<u></u>	<u> </u>		_ ==-	
		30400					<u> </u>
	John Becker, IV, P.L.S.	00400	<u></u>	<u> </u>			
Address:	2215 North 30th Street, Suite 300, Tacoma, WA	98403			<u>-</u>	<u>.</u>	 -
			•				
NOTE:	If necessary, you may attach an addendum to the application listing add	itional offic	ers and/	or dir	ectors.		
13	and the	** .*		!	* ,t		· . · =
-T-1	(Signature of Director or Officer listed in number 12 of the	application	1)				
14. <u>In</u>	omas Hicks, President		· ·	<u></u>	<u>-</u> - <u>.</u>	* 4	
	(Typed or printed name and capacity of person signing a	(ppncauon					



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

AHBL, 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 4/24/1974.

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

Date: June 1, 2007

UBI: 600-130-359



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

Sam Reed, Secretary of State