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PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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1001 SEP IT P 4: 18
SECRETARY OF STATE
SECRETARY OF STATE

D. WHITE SEP 1. 2007

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Grindline Skateparks, Inc.	
SCBCECT.	ion - must include suffix)
Dear Sir or Madam:	•
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matte	er to the following:
Emily Giaquinta	
(Name o	of Person)
Grindline Skateparks, Inc.	
(Firm/C	ompany)
4619 14th AVE SW	
(Ad	dress)
Seattle,WA. 98106	
(City/State	and Zip code)
For further information concerning this matter, please	call:
Emily Giaquinta at (206	չ 932-6414
	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 & S87.50 Filing Fee, Certified Copy 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.	Grindline Skateparks, Inc₄							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
	me., co., corp, me, co, or corp.)							
(Grindline							
$\bar{0}$	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
2.	Washington	3.	75-3041527					
(S	State or country under the law of which it is incorporated)	_	(FEI number, if applicable)					
4.	04/08/2002	5.	Perpetual					
_	(Date of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual")					
6.	01-01-2008							
			n Florida, if prior to registration)					
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)								
7. 4619 14th AVE SW, Seattle, WA. 98106 (Principal office address)								
4619 14th AVE SW, Seattle, WA. 98106								
(Current mailing address)								
	(,	25A - 1					
8.	Design & Construction of Concrete	Sk	ate Parks	T				
_	(Purpose(s) of corporation authorized in home state	or co						
9. N	Name and street address of Florida registered agent:	(P.C	D. Box NOT acceptable)					
	Name: Edward G. Lawrence		⊙ m ∞					
Offi	ice Address: 1225 Glen Royal Terrace	e						
	Deland		, _{Florida} 32720					
	(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.

(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: FILED A. DIRECTORS Chairman: ___ 7007 SEP 17 P 4: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: Address: Director: __ Address: _ Director: _ Address: _ **B. OFFICERS** President: Roger M. Hubbard Address: 4619 14th AVE SW Seattle, WA. 98106 Vice President: Address: ____ Secretary: Emily G. Giaquinta Address: 4122 44th AVE SW, Seattle, WA. 98116 Treasurer: ____ Address: _____ NOTE: If necessary, 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) 14. Emily G. Giaquinta quinta Chief Financial Officer
(Typed of printed name and capacity of person signing application)



FILED

2001 SEP 17 P 4: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

09/12/2007

Grindline Skateparks, Inc. OWNERS, OFFICERS, DIRECTORS

Roger Mark Hubbard, CEO/ Director 4619 14 th Ave SW, Seattle WA 98106 Ph. (206) 419-6814 DOB: 10/27/1972	Owner - 50% SSN. 535-96-4286
Emily Greer Giaquinta, Secretary/Treasurer/CFO/Director 4122 44th Ave SW, Seattle WA 98116 Ph. (206) 313-5814 DOB: 7/16/1973	Owner - 25% SSN. 531-82-4282
Robert Vincent Owen, Foreman/Director 4056 23 rd Ave SW, Seattle WA 98106 Ph. (206) 618-5256 DOB: 3/17/1970	Owner - 15% SSN 387-96-6928
Mathew Brett Fluegge, Project Manager/Qualifying Party/Director 1470 St. Hilaire Rd., Yakima, WA 98901 Ph. (206) 612-3401 DOB: 6/19/1979	Owner - 5% SSN 537-96-2240
David Lent Palmer, Foreman/Director	Owner - 5%

 David Lent Palmer, Foreman/Director
 Owner - 5%

 3913 SE 71st AVE, Portland, OR 97206
 SSN 601-52-1915

 Ph. (206) 818-0854
 DOB: 6/26/1972





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** GRINDLINE SKATEPARKS, 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 4/8/2002.

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

Date: August 6, 2007

UBI: 602-196-010

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

Sam Reed, Secretary of State

