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COVER LETTER

10:	Division of	ig Section of Corporation	ns			
SUBJ	ECT:	EHS	Dosign,	Inc.		
		W/ 1	(Name of	fcorporation	on - must include suffi	к)
Dear S	ir or Madar	m:				
"Certif		istence," and				sact Business in Florida," enced foreign corporation to
					to the following:	
	Janice	Sullivan	for	Brett (mway	
	•		: .	(Name of	f Persort)	·
	Ells	Design,	Inc			
				(Firm/Co	mpany)	
	one	Union S	g have	600	university Stre	et Ste 1818
	Sea	He Wa	. 9810 <i>1</i>	(Add	mpany) University Stre ress) and Zip code)	
			(City/State	and Zip code)	
		nation concern	- '	•		
	<u>anue</u>	Sullivar	<u>} </u>	(206	<u>) 223-4999</u>	1 37 1)
	(Name of	r Person)		(Area	Code & Daytime Telep	onone Number)
	New Filin Division of Clifton Bu 2661 Exec	of Corporation	ıs		New Filing	Corporations 27
Enclos	ed is a chec	ck for the follo	owing amoun	ıt:		
\$7 0.	.00 Filing F		8.75 Filing Fe ertificate of S		\$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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Washington
(State or country under the law of which it is incorporated)

(FEI number, if applicable) 5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (Principal office address)

600 Unwersity Street Stellie, SeatherWa-28101
(Current mailing address) (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) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. C T Corporation System

- 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: N/a-	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	•
Director:	
Address:	
B. OFFICERS	
President:ack Emick	
Address: One union square	e. ,600 university street , steir 18, Seattle, Wa. 98/01
Vice President: Breft Conway	
Address: Me unim Square	, boo university Street, Stellis, Scattu, LOG. 98101
Secretary: Paul Seibert	
Address: <u>one union Square</u>	e, 600 university street, Steiris, Scatte, Wa. 98101
Treasurer:	
Address:	
NOTE: If necessary, you may attach an adden	dum to the application listing additional officers and/or directors.
13. OHH COMPA	r Officer listed in number 12 of the application)
	/ VP of Architecture
(Typed or printed nam	e and canacity of person signing application)

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 EHS DESIGN, 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 11/6/1992.

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

Date: January 11, 2008

UBI: 601-424-424



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

Sam Reed, Secretary of State