Division of Corporations **Electronic Filing Cover Sheet**

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(((H09000243400 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

Phone

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Cmail	Address		_
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FOREIGN PROFIT/NONPROFIT CORPORATION

Seacomm Erectors, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

COVER LETTER

FO: New Filing Section Division of Corporations		
SUBJECT: Scacomm Erectors, Inc.		
	orporation - must include suffix	4
Dear Sir or Madam;		
	ration for Authorization to Transact Business in Florida," Good Standing"and check are submitted to register the abo iness in Florida.	٧c
Please return all correspondence concerning the	his matter to the following:	
Jo	ohn Breckenridge	_
	Name of Person	_
Sca	acomm Erectors Inc	
ì	Firm/Company	_
	PO Box 1740	
	Address	
~	•	
	Sultan, WA 98294	
	ty/State and Zip code	
	be used for future annual report notification)	_
For further information concerning this matter	·	
fencen Bennett	360 793-6564	/m.a . (C)
Name of Person	Area Code & Daytime Telephone Number	8 AON 6002
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	V 18 PM 12: 32
inclosed is a check for the following amount: \$70.00 Filing Fee		18 &

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.

(If name unava	ilable in Florida, enter alternate corporate	name adopted for the purpose of transacting business in Florida)	<u> </u>
Washington		3.	_
(State or country	y under the law of which it is incorporate	d) (FEI number, if applicable)	_
02/23/1995		5. Perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	_
			_
		liness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	_
32527 State Rou	ite #2, Sultan, WA - 98294		
	(Principal offi-	ce address)	•
PO Box 1740, S	ultan, WA - 98294-1740		2009 2009
	(Current maili	ng address)	1008 608 0
			AO SEC
· ————		te or country to be carried out in state of Florida)	
(Purpose(s) of corporation authorized in home stat	te or country to be carried out to state of Florids)	ر_ا
Name and stre	et address of Florida registered agent	(P.O. Box <u>NOT</u> acceptable)	
Name:	C T Corporation System		PH 12: 32
	1200 South Pine Island Road		5 \) ↑
-	_ ,	4566	
-	Flantation,	Florida 33324	
ffice Address:	Flantation, (City)	, Florida 33324 (Zip code)	
ffice Address:). Registered a aving been names ignated in this orther agree to c	(City) gent's acceptance: sed as registered agent and to accept supplication, I hereby accept the app ompty with the provisions of all state with and accept the obligations of a	(Zip code) service of process for the above stated corporation at the pointment as registered agent and agree to act in this capa utes relative to the proper and complete performance of my position as registered agent.	icity. I
ffice Address: O. Registered as aving been names signated in this writer agree to c	(City) gent's acceptance: sed as registered agent and to accept supplication, I hereby accept the app comply with the provisions of all state	(Zip code) I service of process for the above stated corporation at the pointment as registered agent and agree to act in this capa utes relative to the proper and complete performance of m	icity. I

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.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12.	Names an	id business	addresses	of officers	and/or direc	ines:

2009 NOV 18 PH 12: 32

A. DIRECTORS	2007110110
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	, , , , , , , , , , , , , , , , , , ,
•	
Address:	
Director:	
Address:	
B. OFFICERS	
President: John Breckenridge	
Address: 13616 343rd Ave SB	
Sultan WA 98294	
Vice President: Katie Breckenridge	
Address: 13616 343rd Ave SE	
Sultan WA 98294	
Secretary: Katie Breckenridge	
Address: 13616 343rd Ave SB, Sultan, WA 98294	
reasurer; John Breckennidge	
Address: 13616 343rd Ave SE, Sultan, WA 98294	
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 applie	cation)
4. John Breckenridge	

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



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 SEACOMM ERECTORS, 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 2/23/1995.

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

Date: September 23, 2009

UBI: 601-608-721



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

Sam Reed, Secretary of State