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J. Shivers JAN 2:0 2000

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: ANCHOR BAY INSURA Name of corporation - 1	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
WILLIAM H. T	THINGE EN B
ANCHOR BAY IN	os. mbrs, inc.
Firm/Compa	iny 💥 🗸 🧿 🖡
P.O. Box 2 Address	ny SEE, FIG. 19 PH
SILVERDALE	, WA 98383 BE 8
City/State and	Zip code
	SURPLUSLINES. COM
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
Name of Person Area Co.	de & 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:	
	\$78.75 Filing Fee & Sertified Copy Sertified 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.

. Anche	if Bay i	NSURANCE M	ialagees, ia	<u>ා</u> ල ,	
(Enter name of con "Inc.," "Co.," "Con	poration; must inc p," "Inc," "Co," or	ude "INCORPORATED," "Corp.")	"COMPANY," "CORPO	RATION,"	
(If name unavailab	le in Florida, enter	alternate corporate name a	dopted for the purpose of t	ransacting business in F	lorida)
. WASHI	UGTON	3	91-2048 (FEI number	406	4
(State or country un	der the law of whi	ch it is incorporated)	(FEI numbe	er, if applicable)	
. <u>5/4/2000</u> (Date of incorporation)		5	PER PER	PETUAL	
(Date of	f incorporation)		(Duration: Year corp. will	l cease to exist or "perp	ctual")
s. <u>PE</u> A			+ INSURAN		04
	(SEE SECT	TONS 607 1501 & 607 150	Fiorida, if prior to registration, F.S., to determine pena	ity liability)	
7	049 KI	TSAP MALL	BLVD, SUI) ess) ILVERDALE (ess)	E # 303	
		(Principal office addr	ess)		. 5. 2
P .	0. Box	2510, 5	ILVERDALE !	WY 1838	2010 JAN 19 SEGRE FARY
		(Current mailing addr	ess)		AR A
					AS.
8 <i> L</i>	<u>sueauc</u>	E COHOLESAL	untry to be carried out in st		
(Purpose(s)	of corporation auth	orized in home state or co	untry to be carried out in st	ate of Florida)	7° 2₽
9. Name and street	-	registered agent: (P.O			PH 1: 21
Name:	<u>NRAI</u>	Services, Inc	• • • • • • • • • • • • • • • • • • •		元 26
Office Address:	2731 Ext	Services, Inc	Suire 4		
	Weston		, Florida <u>33</u> 3男\ (Zip cod	<u> </u>	
		(City)	(Zip cod	le)	
10. Registered age	ent's acceptance	:			
Having been name	d as registered a	gent and to accept servi	ce of process for the abo	eve stated corporation	at the place
designated in this	ipplication, I her	by accept the appointn	ient as registered agent	and agree to act in th	is capacity. I
			elative to the proper and sition as registered agen		ce of my unites,
-	RAI Services, In	1			
1.	- On	Le Dim	200		
Ю	4 200	January /	<u> </u>		
Ĺ	retta A McCoo oretta A McCoo	gistered agent's signature) I, Assistant Secretary			
11. Attached is a c	ertificate of exist	ence duly authenticated,	not more than 90 days p		
the Department of	State, by the Secr	retary of State or other o	fficial having custody of	corporate records in t	the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIREC	CTORS
Chairman:	WILLIAM H. TANDER
	10049 Kitsap Mall Blvd. #303, Silverdale, WA 98383
_	
	nan: LINDA L.S. TANDER
Address: _	10099 Kit sap Min Blid, #303, Silverdale, WA 98383
Director: _	
Address:	
	HIT S TO
Director: _	
Address: _	
	Right Right
B. OFFIC	PEDC
	WILLIAM H. TANKER
Address: _	10049 Ktsap Mall Blue #303 Silverdale WA 98383
	1 , , , , , , , , , , , , , ,
	ent: LINDA 6.5. TANNER
Address:	10049 Kitsap Mall Blud #303, Silverdale, WA 98383
 	Linda L.S. Tanner
Address:	(Same as ABOVE)
	0 4 2 2 4 4 11
Address:	Jally K. Cabbell 10049 Kitsap Mall Blud. #303, Silver dale, WA-98383
_	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application)
14	(Typed or printed name and canacity of person signing application)
	Livings or printed name and connects of narron 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

ANCHOR BAY INSURANCE MANAGERS, 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 5/4/2000.

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

Date: December 7, 2009

UBI: 602-034-903



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

Sam Reed, Secretary of State