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Sandy Winger GAVE

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DATE 4/13/10

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10 APR 12 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
4/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mark G. Jackson, P.S.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sandy Winger
Name of Person
Ball Janik LLP
Firm/Company
101 SW Main Street, Suite 1100
Address
Portland, OR 97204
City/State and Zip code
swinger@balljanik.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Winger at (503) 944-6064
Name of Person 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 ☐ \$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.*

1. Mark G. Jackson, P.S. Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington 3. 26-4118917
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/23/09 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3/19/10
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 999 Third Ave., Suite 1520, Seattle, WA 98104
(Principal office address)

101 SW Main Street, Suite 1100, Portland, OR 97204
(Current mailing address)

8. Provide legal services
(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)


Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

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TALLAHASSEE, FLORIDA

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

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A. DIRECTORS

Chairman: Mark G. Jackson (Sole Director) 10 APR 12 PM 4:41

Address: 999 Third Avenue, Suite 1520
Seattle, WA 98104 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark G. Jackson (Sole officer)

Address: 999 Third Avenue, Suite 1520
Seattle, WA 98104

Vice President: _____

Address: _____

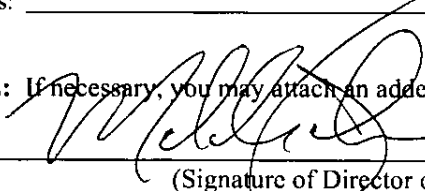
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Mark G. Jackson, Chairman & President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

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

MARK G. JACKSON, P.S.

I FURTHER CERTIFY that the records on file in this office show that the above named Professional Service Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/23/2009.

I FURTHER CERTIFY that as of the date of this certificate, MARK G. JACKSON, P.S. remains active and has complied with the filing requirements of this office.

Date: March 29, 2010

UBI: 602-893-175



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

Sam Reed

Sam Reed, Secretary of State

FILED
10 APR 12 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA