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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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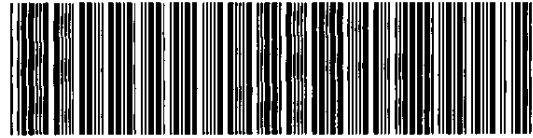
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF REVENUE
2010 JUL 26 PM 2:39

7/29/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MOSKEE INVESTMENT CO.

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:

GARY M. GEORGEFF

Name of Person

ATTORNEY AT LAW

Firm/Company

PO BOX 1232

Address

NORTHPORT WA 99157

City/State and Zip code

ggeorgeff@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY M. GEORGEFF

Name of Person

at (541) 469-6225

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

2010 JUL 26 PM 2:39

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. MOSKEE INVESTMENT CO.
(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. OREGON 3. NA
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 28, 1934 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NA. Corporation believes it is not transacting business. It registers as a precaution to comply with FS 607.1501
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 80326 PACIFIC RD/E-11, ARCH CAPE OR 97102
(Principal office address)

80326 PACIFIC RD/E-11, ARCH CAPE OR 97102
(Current mailing address)

8. Investment in and rental of real estate and any other valid corporate purpose.
(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: Isabelle Joiner

Office Address: 190 1st Street E

Boca Grande, Florida 33921
(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.

Isabelle Thidden Joiner
(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.

2010 JUL 26 PM 2:39
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DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: HARRY E. COLEMAN IV

Address: 80326 PACIFIC RD/E-11

ARCH CAPE OR 97102

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: HARRY E. COLEMAN IV

Address: 80326 PACIFIC RD/E-11

ARCH CAPE OR 97102

Vice President: MICHAEL R. NIEBUHR

Address: ARCH CAPE OR 97102

ARCH CAPE OR 97102

Secretary: MICHAEL R. NIEBUHR

Address: 80326 PACIFIC RD/E-11, ARCH CAPE OR 97102

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael R. Niebuhr
(Signature of Director or Officer listed in number 12 of the application)

14. MICHAEL R. NIEBUHR, SECRETARY

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

MOSKEE INVESTMENT CO.

was

incorporated

under the Oregon

Business Corporation Act

on

August 28, 1934

and is active on the records of the Corporation Division as of
the date of this certificate.

2010 JUL 26 PM 2:40

SECRETARY OF STATE
DIVISION OF CORPORATIONS



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

KATE BROWN, Secretary of State

By

Debra L. Virag

July 14, 2010