

F10000004315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6540 1/00

Office Use Only



100183418091

07/26/10--01013--005 **70.00

10/01/10--01002--008 **1100.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 28 P 4:05

FILED



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VULCAN PERSONAL SERVICES INC.
(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," 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:

~~XXXXXXXXXXXX~~ WILLIAM L. MCGRATH
(Name of Person)

VULCAN INC.

(Firm/Company)

505 5TH AVE S, STE. 900

(Address)

SEATTLE, WA 98104

(City/State and Zip code)

For further information concerning this matter, please call:

GILLIANNE BEYER
(Name of Person)

at (206) 342-2045
(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 28 P 4:05

FILED

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. VULCAN PERSONAL SERVICES INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. WASHINGTON 3. 20-0411646
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/19/2003 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 04/03/2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 505 FIFTH AVENUE SOUTH, SUITE 900, SEATTLE, WA 98104
(Principal office address)
- 505 FIFTH AVENUE SOUTH, SUITE 900, SEATTLE, WA 98104
(Current mailing address)
8. PAYROLL COMPANY
(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: SOUTH
1200 PINE ISLAND ROAD
PLANTATION, Florida 33324
(City) (Zip code)

2010 SEP 28 P 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

CT Corporation System
by Nancy Lydon, Asst Secretary
(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.

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

A. DIRECTORS

Chairman: JO LYNN ALLEN

Address: 505 5TH AVE S, STE. 900
SEATTLE, WA 98104

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JO LYNN ALLEN

Address: 505 5TH AVE S, STE. 900
SEATTLE, WA 98104

Vice President: SUSAN DRAKE

Address: 505 5TH AVE S, STE. 900
SEATTLE, WA 98104

Secretary & VICE PRESIDENT: WILLIAM L. MCGRATH / ASSISTANT SECRETARY: ALLEN ISRAEL

Address: 505 5TH AVE S, STE. 900 / 1111 THIRD AVE, STE. 8400
SEATTLE, WA 98104 / SEATTLE, WA 98101

Treasurer & VICE PRESIDENT: MARTHA G. FULLER

Address: 505 5TH AVE S, STE. 900
SEATTLE, WA 98104

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

13. William McGrath
(Signature of Director or Officer listed in number 12 of the application)

14. WILLIAM L. MCGRATH, VICE PRESIDENT & SECRETARY
(Typed or printed name and capacity of person signing application)

FILED
2010 SEP 28 P 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

VULCAN PERSONAL SERVICES 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 11/19/2003.

I **FURTHER CERTIFY** that as of the date of this certificate, **VULCAN PERSONAL SERVICES INC.** remains active and has complied with the filing requirements of this office.

Date: July 20, 2010

UBI: 602-343-426

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 28 P 4: 05

FILED



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

Sam Reed, Secretary of State