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(Requestor's Name)						
(Address)						
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(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(23)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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SECHEDAY OF STATE RULLAHASSEE. FLORIDA



COVER LETTER

TO:	New Filing Section Division of Corporati	ons					
SUB.I	ECT: AllPro AM	IC, Inc.					
Name of corporation - must include suffix							
Dear S	ir or Madam:						
"Certif	closed "Application by icate of Existence," or referenced foreign corp	"Certificate of	Good St	tanding" and	check are subm		
Please	return all corresponden	ce concerning	this mat	ter to the fol	lowing:		
Mich	elle Hazen						
	•		Name	of Person			
AllP	ro AMC, Inc.						
			Firm/C	ompany			
113	E. Magnesium	Rd., Uni	t D				
	 -		Ad	dress			
Spol	kane	WA	99	9208			
		(City/State	e and Zip co	de		
mhaz	zen@acceptance	capital.con	n				
	E-r	nail address: (to be use	d for future	annual report no	etification)	
For fur	ther information conce	rning this matt	er, pleas	e call:			
Jennifer Pierce at (509) 928-1123							
	Name of Person Area Code & Daytime Telephone Number						
	STREET/COURIER New Filing Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle			MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	
Enclose	ed is a check for the fol	lowing amour	ıt:				
□ ^{\$7}	70.00 Filing Fee	78.75 Filing F Certificate of S	Fee & Status	S78.75 I Certifie	Filing Fee & d Copy	\$87.50 Filing Fee, Certificate of Status &	



June 23, 2011

New Filing Section
Division of Corporations
2661 W. Executive Center Cir
Clifton Building
Tallahassee, FL 32301

RE: AllPro AMC, Inc.

To Whom It May Concern:

Enclosed is AllPR AMC, Inc. Certification of Authority of Foreign Profit Corporation application.

If you need anything further please contact me at 509-462-9210 or mhazen@acceptancecapital.com.

Michelle Hazen

AllPro AMC, Inc.

509-462-9210

mhazen@acceptancecapital.com

113 East Magnesium Road, Unit D Phone Spokane, WA 99208 Fax

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. AllPro AMC,	inc			
(Enter name of a "Inc" "Co.," "C	corporation; must include "INCORPORAT Corp." "Inc." "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	_
(If name unavai	lable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida	1)
2. Washington		3.	36-4699743	
(State or country	under the law of which it is incorporated)	'	(FEI number, if applicable)	
4. 03/03/2011		5.	Perpetual	
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6. Have not tra	ansacted any business in Florid	la		_
			n Florida, if prior to registration) i02, F.S., to determine penalty liability)	
- 112 E Mac			• • •	
7. 113 L. IVIA	nesium Rd., Unit D Spokan			
Same	A Sept. Control of Carlot and Administration			egyper Alleman -
	(Current mailing	addı	ress) AT	
			Service	2
· · <u>· · · </u>	Management		<u> </u>	- 3- (
(Purpose(s	s) of corporation authorized in home state of	r ço	untry to be carried out in state of Florida)	ਨ ਨ
9. Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)	10:25
Name:	Chad Baker			•
Office Address:	1649 Williamsburg Sq., Ste A	<u> </u>		
	Lakeland		. Florida 33803	
	(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.



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

A. DIRECTORS	FI JUN 24 AM 10: 23
Chairman:	SECRETAINT OF STATE
Address:	
Vice Chairman:	
Address:	
Director: Franklin B Taylor	
Address: 35915 N Hwy 395, Deer Park WA 9900	6
Director: Rob Johnston	
Address: 4899 Merrit Drive, Clayton WA 99110)
B. OFFICERS President: Franklin B taylor	
Address: 35915 N Hwy 395, Deer Park WA 99006	
Vice President:	
Address:	
Secretary: Rob Johnston	
Address: 4899 Merrit Drive, Clayton WA 99110	
Treasurer: Rob Johnston	
Address: 4899 Merrit Drive, Clayton WA 99110	
NOTE: If necessary, you may attach an addendum to the application	n listing additional officers and/or directors.
Signature of Director or Control of the officer or director signing this document (and who is listed in number true and that he or she is aware that false information submitted it	imber 12 above) affirms that the facts stated herein

third degree felony as provided for in s.817.155, F.S.

14. Rob Johnston Secretary/Treasurer



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 ALLPRO AMC, 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 3/3/2011.

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

Date: April 25, 2011

UBI: 603-092-306

STATE OF WASHINGTON 1889 NOT INC.

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

Sam Reed, Secretary of State