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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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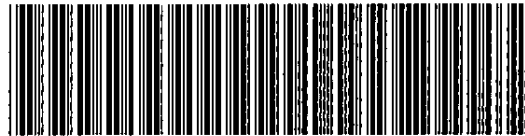
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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AND
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1/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The William Craig Company, 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," 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:

Jacob Amy
Name of Person
The William Craig Company, Inc.
Firm/Company
3702 West Valley Highway N, Suite 210
Address
Auburn, WA 98001
City/State and Zip code
jacob.amy@wcci.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Amy at (206) 251-1801
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. The William Craig Company, Inc.
(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 State 3. 91-1570747
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/22/1992 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Will begin after licensing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3702 West Valley Hwy N, Suite 210, Auburn, WA 98001
(Principal office address)

Same as above
(Current mailing address)

8. Real Estate Appraisal Management
(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(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.

NRAI Services, Inc.

by: Christian Eubanks Christian Eubanks, Assistant 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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Chairman: Jacob Amy

Address: 10512 SE 302nd St
Auburn, WA 98092

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: None

Address: _____

Director: Same as chairman

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jacob Amy

Address: 10512 SE 302nd St
Auburn, WA 98001

Vice President: Danielle Vance

Address: 9725 Lake Steilacoom Dr. SW
Lakewood, WA 98498

Secretary: Same as President

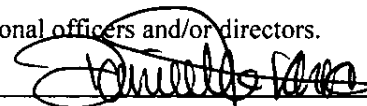
Address: _____

Treasurer: Same as President

Address: _____

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

13. _____
Signature of Director or Officer



The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Jacob J. Amy / President / CEO
(Typed or printed name and capacity of person signing application)

Danielle Vance
VP, Operations

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

WILLIAM CRAIG COMPANY, 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 9/22/1992.

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

Date: September 30, 2011

UBI: 601-414-967

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED



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

Sam Reed, Secretary of State