## F1200000026

(Requ	estor's Name)	
(Addre	ess)	
·	ŕ	
(Addre	2SS)	
(City/5	State/Zip/Phone	e <b>#</b> )
	•	
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nan	ne)
·		
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Certified Copies	OC/ (mostes	Ol Otatus
Special Instructions to Fill	ing Officer:	
		İ

Office Use Only

Nuc ae



300215090363

12/20/11--01011--003 \*\*70.00

M, 12377

12 JAN -3 PH I: I

T. Burch JAN 0 4 2012

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Twisted Pair Solutions, 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:
Bob Colliton
Name of Person
Twisted Pair Solutions, Inc.
Firm/Company
3131 Elliott Ave, Suite 200
Address
Seattle, WA 98121
City/State and Zip code
bob.colliton@twistpair.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bob Colliton at ( 206 ) 812-2374
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 & Certificate of Status & Certified Copy



MECENTE

12 JAN -3 PM 4: 07

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Division of Corporations

December 21, 2011

BOB COLLITON 3131 ELLIOTT AVE STE 200 SEATTLE, WA 98121

SUBJECT: TWISTED PAIR SOLUTIONS, INC.

Ref. Number: W11000063377

We have received your document for TWISTED PAIR SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete numbers 1 thur 10 on your application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 311A00028434

www.sunbiz.org

Division of Comparations D.O. DOV 6297 Wallaharras Elavida 2021

	APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAI BUSINESS IN FLORIDA	AEC :
IN C	COMPLIANCE WITH SECTION 607-1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED DISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	A RETAR
1.8	Twisted Pair Solutions, inc	SEE
(E	Entermination corporation; must include; "INCORPORATED;"; "COMPANY;"; "CORPORATION," Inc.," "Co.," "Corp," "line," "Co," or "Corp.")	FLOSIDA
. *1	If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in F	lorida)
2. (Si	LOashington  3. 42-169158  Interior country under the law of which it is incorporated)  (REI number, if applicable)	····
	Nov 21, 3003 5. Perpetual	
:4 <del></del>	(Duration: Year corp. will cease to exist or perp	stual")
	The figure and the first of the	100 pt 100 - 2 Tab
6 	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3131 Elliatt Ave 200, Seattle, WA 98121	<del></del>
	(Principal office address)	<del></del>
	Sanc	
	(Current mailing address)	
:8: _	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	<del>,</del> :
	Name: LT Corporation System	
Offic	ce Address 1200 South Pine Island Road	
	Plantation, Florida 33334 (Cip) (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) (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: \_\_\_\_\_ Vice Chairman: Address: \_\_\_ Director: William T. Guthrie Address: 3737 77th Ave SE Mercer Island, WA 98040 Director: Derick Clack Address: 2635 29th Ave W Seattle, WA 98199 **B. OFFICERS** President: William T. Guthrie Address: 3737 77th Ave SE Mercer Island, WA 98040 Vice President: Derick Clack Address: 2635 29TH AVE W Seattle, WA 98199 Secretary: D. Robert Colliton Address: 6527 128TH PLACE SW, Edmonds, WA 98026 Treasurer: Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. D. Robert Colliton CFo And Secrethry

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



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 TWISTED PAIR SOLUTIONS, 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 11/21/2003.

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

Date: November 29, 2011

UBI: 602-344-860



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

Sam Reed, Secretary of State