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(Re	equestor's Name)	
(Ac	ldress)	
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Ų		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	•	
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
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12 MAR - 7 PM 2: 13
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

me3/8/12

COVER LETTER

10:	New Filing Se Division of Co						
SHRI	ECT:	Amercian P	orts Insu	rance Progra	ım Risk Purchasin	g Group	
SUDI	ECI.	Name of C	orporati	on – must	include suffix		
Dear S	Sir or Madam:						
"Certif	ficate of Existence		Good St	anding" ar		ation to Conduct its Affairs in mitted to register the above ref	
Please	return all corresp	ondence concerning	this ma	tter to the	following:		
		· · · · · · · · · · · · · · · · · · ·		Melissa			
				Name of	Person		
		Amercian	Ports Ins	urance Prog	ram Risk Purchas	ing Group	
				Firm/Co	mpany		
			c/o V	Villiams Ka	stner & Gibbs		
			601	Union Stra	et Suita 4100		
			001	Addı	et, Suite 4100 ess	·	
			Ci	Seattle, W.	4 98101 d Zip Code		
			Ci	ly/State all	a Zip Code		
			-	wkg.com			
	E-ma	ail address: (to be us	sed for f	uture annu	al report notifica	tion)	
For fur	ther information	concerning this mat	ter, pleas	se call:			
	Melico	a Patton	-+ (206	. 23	3-2899	
		f Person	at <u>(</u>		,	lephone Number	
	MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	cion porations			New Filing Son Division of C Clifton Buildi	orporations ing ve Center Circle	
Enclos	ed is a check for t	he following amour	ıt:				
\$70	0.00 Filing Fee	\$78.75 Filing F Certificate of St	ee & atus		5 Filing Fee & ied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.			-	sing Group Corporation		
(Name of corporation in the name at p	oration: must include the word "IN age as will clearly indicate that it is present. "Company" or "Co." may r	CORPORATE s a corporation not be used as a	D" or "CORPORA instead of a natura i corporate suffix b	TION" or words or abbre il person or partnership if by a nonprofit corporation	viations of like not so contained .)	
2.	Washington	3		26-2195560		
(State or cou	ntry under the law of which it is in	corporated)	(FE)	number, if applicable)		
4.	1/31/2008	5		perpetual orp. will cease to exist or		
(1	Date of Incorporation)		(Duration: Year o	orp. will cease to exist or	"perpetual")	
6. (Date first cond	ucted affairs in Florida if prior to reg	gistration. See se	ections 617.1501 &	617.1502, F.S, to determin	e penalty liability.)	
7.	720 Olive V	Vay, Suite 170	, Scattle, WA 98	101		
·		(Principal of	ice address)			
	720 Olive V	Vay, Suite 170), Scattle, WA 981	01		
		(Current ma	iling address)			
9. Name and <u>str</u> Name:	Corporation authorized in home statest address of Florida registered Corporation Service Company 1201 Hays Street Tallahassee.	te or country to	Box <u>NOT</u> accept	the state of Florida)	12 MAR -7 PM 2: 13 SECRETARY OF STATI	がにたけ
	(City)		, Florida	(Zip Code)	15 TS	
Having been na designated in th further agree to	agent's acceptance: med as registered agent and to is application, I hereby accept comply with the provisions of ar with and accept the obligation	the appointm all statutes re	ent as registered lative to the prot	agent and agree to act per and complete perfor	ation at the place in this capacity. I	
		_	- 00:	JOHN H. PEL	LETIER	
В	Corporation Service (Company Line H	Pelleti	ASST. VICE		
_,		(Registered ag	ent'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 addresses of officers and/or directors:

FILED

A.	DIRECTORS	

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Chairman: Deborah Bovee	SECRETARY OF STATE
Address: 720 Olive Way, Suite 1700	TALLAHASSEE, FLORIDA
Seattle, WA 98101	
Vice Chairman: Thomas P. Long Jr.	
Address: 720 Olive Way, Suite 1700	
Seattle, WA 98101	
Director: Vivian Holaday	
Address: 720 Olive Way, Suite 1700	
Seattle, WA 98101	
Director: Kathy Oberg	
Address: c/o Port of Longview	
10 Port Way, Longview, WA 98632	
B. OFFICERS President: Deborah Bovee	
Address: 720 Olive Way, Suite 1700	
Scattle, WA 98101	
Vice President: Thomas P. Long Jr.	
Address: 720 Olive Way, Suite 1700	
Seattle, WA 98101	
Secretary: Vivian Holaday	
Address: 720 Olive Way, Suite 1700, Seattle, WA 98101	
Treasurer: Vivian Holaday	
Address: 720 Olive Way, Suite 1700, Seattle, WA 98101	
NOTE: If necessary, you may attach an addendum to the application listing add 13. (Signature of Chairman, Vice Chairman, or any officer listed in number of the state of the	per 12 of the application)
14. Typed or printed name and capacity of person signing	Vict (Imnam



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

AMERICAN PORTS INSURANCE PROGRAM RISK PURCHASING GROUP

I FURTHER CERTIFY that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/31/2008.

I FURTHER CERTIFY that as of the date of this certificate, AMERICAN PORTS

INSURANCE PROGRAM RISK PURCHASING GROUP remains active and has complied with the filing requirements of this office.

Date: January 26, 2012

UBI: 602-804-620

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

• HERE

Sam Reed, Secretary of State

