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Office Use Only



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SHORT SOUNCE TO HE STATE

11/5/12

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Comfort Institute 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: Darrell Stewart
Daviell Stewart & Company Firm/Company
Bellingham, WA 98225
Address Bellinghom, WA 98225 City/State and Zip code OSCO accounting a yahar com E-mail address:/(to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (360) 734-2935 & San
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 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 \$\ \text{Certificate of Status} \tag{\$78.75 Filing Fee & Certified Copy} \tag{\$87.50 Filing Fee, Certified Copy} \tag{\$87.50 Filing Fee, Certified Copy}

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.15 REIGN CORPORATION T)
Cor	nfart Inst	itute 1	nc			
(Enter name of c	corporation; must include "INcorp," "Inc," "Co," or "Corp.'	NCORPORATED,"	"COMPANY," "CO	RPORATION,"		
,, -		,				
(If name unavail	able in Florida, enter alterna				ousiness in Florid	ia)
	shington		91-19295	576		
(State or country	under the law of which it is	,	مو (ر	umber, if applica	ible)	
	o/i/1998 of incorporation)	5	Duration: Year corp	tual	viet or "nernetual	<u>"</u>
•		1	Duration. Tear corp	. WIII cease to ex	ist of perpetual	,
•		12012 nsacted business in F	lorida, if prior to reg	istration)		
0 - 4	\ \ \ \	<u> </u>	2, F.S., to determine	* * * * * * * * * * * * * * * * * * * *		
. <u> </u>	W Orchard		elling ham,	WA	98225	
	(Pi	rincipal office addres	ss)			
	(C)	urrent mailing addres	22)			
_	·		•			
. Sales	& Training o	+ HVAC	Testing &	supment	<u>'_</u> 	 :
(Purpose(s	s) of corporation authorized i	in home state or cour	ntry to be carried out	in state of Florid	la)	34
. Name and stree	et address of Florida regist	tered agent: (P.O.)	Box NOT acceptab	ole)	NON	
Name:	RICHARD W HAT	RHARSON			V -2	
office Address:	I FLORIDA PA	PL DIVE			P	
Trice Address:						75
	<u>'YALM COAS</u> (City		, Florida <u>3</u> 9	code)	<u> </u>	
	Chy	,	(2.5	code)		G)
Iavina heen nam	gent's acceptance: ned as registered agent an	d to accept service	of process for the	above stated co	orporation at th	he place
esignated in this	annlication. I hereby acc	ent the appointme	nt as registered ago	ent and agree t	o act in this ca	pacity.
urther agree to c	omply with the provisions with and accept the oplig	s of All Statutes rela	itive to the proper (<i>ana compiete p</i>	erformance of	my duti
2 3	7					
_					_	
	(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: ___ 12 NOV -2 PM 4: 43 Vice Chairman: Address: ___ Director: ___ Director: Address: **B. OFFICERS** K2C 146 Vice President: Address: 1135 Ellis St, Bellingham WA 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.

(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 COMFORT INSTITUTE, 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 10/13/1998.

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

Date: September 28, 2012

UBI: 601-907-580

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

Sam Reed, Secretary of State

