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TO:	New Filing Se Division of Co					
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SUB	JECT: Hen	tschell & A	SSOCIAL	,	must include suffix	
	•	Name	or corporati	OII -	must include suffix	
Dear	Sir or Madam:					
"Cert	ificate of Existen		e of Good St	tand	ing" and check are sub	ct Business in Florida," mitted to register the
Pleas	e return all corres	spondence concert	ning this mat	ter t	o the following:	
Da	phne Rob	erts				
			Name o	of P	erson	
He	ntschell &	Associates	s, Inc.			
			Firm/Co	omp	any	
62	1 Pacific A	venue, Su	ite 400			
			Add	dres	s	
Ta	coma, WA	. 98402				
			City/State	and	l Zip code	
Da	phneR@He	entschell.co				
		E-mail addres	ss: (to be use	d fo	r future annual report r	notification)
For fi	urther information	n concerning this	matter, pleas	e ca	11:	
D -	udana Dala		050		070 1151	
<u>ua</u>	phne Rob				272-1151	
•	Name of Pers	on	Are	a C	ode & Daytime Teleph	one Number
	New Filing Se Division of Co Clifton Buildi	orporations ng re Center Circle	SS:		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclo	osed is a check fo	r the following an	nount:			
□ \$′	70.00 Filing Fee	■ \$78.75 Fili Certificate			\$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**

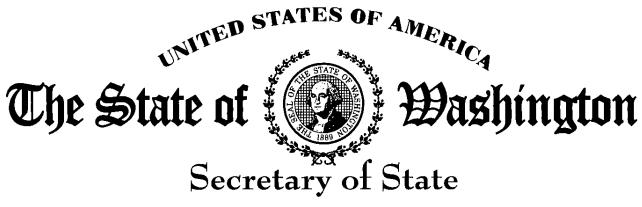
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	· · · · · · · · · · · · · · · · · · ·
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting busin 91-1403121	ness in Florida)
	under the law of which it is incorporated)	(FEI number, if applicable) Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
	c Avenue, Suite 400, Tace (Principal office add c Avenue, Suite 400, Tacor (Current mailing add	na, WA. 98402	7.0 3
(Purpose(s	Services) of corporation authorized in home state or control address of Florida registered agent: (P.	,	APR 19 AN
Name:	Incorp Services, Inc. 17888 67th Court North		7: 36
	Loxahatchee (City)	, Florida 33470 (Zip code)	

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.

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: Thomas Hentschell				
Address: 621 Pacific Avenue, Suite 400				
Tacoma, WA. 98402				
Vice Chairman: Ted Hentschell				
Address: 621 Pacific Avenue, Suite 400				
Tacoma, WA. 98402				
Thomas Hentschell				
Address: 621 Pacific Avenue, Suite 400				
Tacoma, WA. 98402				
Director:				
Address:		,		
	<u> </u>	_		
B. OFFICERS		<u>ω</u> ≊		
President: Thomas Hentschell	新草	APS I	manager and an arranger and an arranger and an arranger and arranger arranger and arranger arranger and arranger arranger arranger and arranger	
Address: 621 Pacific Avenue, Suite 400	one.		1	
Tacoma, WA. 98402	F5.	-:-	1,"	
Vice President: Ted Hentschell		ဌာ		
Address: 621 Pacific Avenue, Suite 400				
Tacoma, WA. 98402				
Secretary: Ted Hentschell				
Address: 621 Pacific Avenue, Suite 400, Tacoma, WA. 98402				
Treasurer: Gerald Hentschell				
Address: 621 Pacific Avenue, Suite 400, Tacoma, WA. 98402				
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/c	r direc	ctors	
13 The same of the	Jis ana/c	, direc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Signature of Director or Officer	.11	<u> </u>		
The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the Dep	inai ine partment	of Sta	te constitute	es
a third degree felony as provided for in s.817.155, F.S. 14 Thomas Hentschell				
14. Thomas heritscheir				



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF HENTSCHELL & ASSOCIATES, 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 2/16/1988.

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

Date: April 4, 2013

UBI: 601-069-125

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

Kim Wyman, Secretary of State

