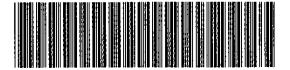
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(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies		
Special Instructions to Filing Officer:		





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14

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Krekow Jennings Ir	ec.
	on - must include suffix
·	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	inding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
Michelle Kline	
Name o	Person
Krekow Jennings Inc.	
Firm/Co	npany
2011 East Olive Steet	
Add	ress
Seattle, WA 98122	
-	and Zip code
michellek@krekowjennings.co	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Michelle Kline at 206	,625-0505
Name of Person Area	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Taliahassee, FL 32301	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 & \$87.50 Filing Fee, Certified Copy 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.

	Jennings Inc.	
(Enter name of co	rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," rp," "Inc," "Co," or "Corp.")	
	ole in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
_{2.} WA	_{3.} 91-1026296	
•	nder the law of which it is incorporated) (FEI number, if applicable)	
4. 3/1978	s. Perpetual	
6. Not start		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
_{7.} 2011 Eas	t Olive Street, Seattle, WA 98122	
0044 =	(Principal office address)	
2011 Eas	t Olive Street, Seattle, WA 9811	
	(Current mailing address)	
8. General (Contractors	
(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:	CT Corporation System	
Office Address:	1200 S. Pine Island Rd	
	Plantation , Florida 33324	
	(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.		
11 Attached is a ce	James D. Martin Asst. Vice President (Registered agent's signature) tijncate of existence duly authenticated, not more than 90 days prior to delivery of this application to	
the Department of \$	tate, by the Secretary of State or other official having custody of corporate records in the jurisdiction ich it is incorporated.	

In the same

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12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: NA Address: Vice Chairman: _ Address: Director: Address: **B. OFFICERS** President: Scott White Address: PO Box 2629, Woodinville, WA 98072 Vice President: Michael Monda Address: 17407 145th Place NE, Woodinville, WA 98072 Secretary: Barbara Salimian Address: 212 Blaine Street, Seattle, WA 98109 Treasurer: Barbara Salimian Address: 212 Blaine Street, Seattle, WA 98109 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Treamen 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

14. Barbara Salimian - Treasurer
(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.



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

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

KREKOW JENNINGS, 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 3/17/1978.

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

Date: June 21, 2013

UBI: 600-273-869

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

Kim Wyman, Secretary of State