

F 14 000000586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

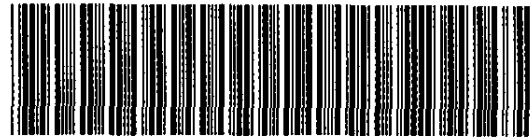
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01/21/14--01023--004 \*\*70.00

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DIVISION OF CORPORATIONS  
14 FEB -7 AM 10:20

2/11/14

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cascade Auto Glass, 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:

Lori Nickles

Name of Person

Cascade Auto Glass, Inc.

Firm/Company

P.O. Box 61889

Address

Vancouver, WA 98664

City/State and Zip code

lnickles@cascadeautoglass.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Nickles

Name of Person

at ( 360 ) 750-4799 ext 25

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center 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 &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2014

LORI NICKLES  
POST OFFICE BOX 61889  
VANCOUVER, WA 98666

SUBJECT: CASCADE AUTO GLASS, INCORPORATED  
Ref. Number: W14000006084

RECEIVED  
14 FEB -7 AM 11:16  
TALLAHASSEE, FLORIDA

We have received your document for CASCADE AUTO GLASS, INCORPORATED 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 have an individual sign for the business listed as Registered Agent.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00002005

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**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.

1. Cascade Auto Glass, Incorporated  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington 3. 93-1108736  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/16/1993 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 604 E 16<sup>th</sup> Street Vancouver WA 98663  
(Principal office address)

P.O. Box 61889, Vancouver, WA 98666  
(Current mailing address)

8. Automotive glass and replacement  
(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: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza D., Ste. A  
Tallahassee, FL ... Florida 32301  
(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.*

PURTY. ABRAH Assl Sec.  
(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.

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DIVISION OF CORPORATIONS  
14 FEB - 7 AM 10:20

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS

14 FEB -7 AM 10:20

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Paul V. Sharkey

604 E 116<sup>th</sup> St

Vancouver WA 98663

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Bradley Nelson

604 E 116<sup>th</sup> St

Vancouver, WA 98663

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

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. \_\_\_\_\_

~~Lori Nickles~~ Office Manager

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

Brad Nelson  
VP

UNITED STATES OF AMERICA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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# The State of Washington



## Secretary of State

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

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

### CASCADE AUTOGLASS, INCORPORATED

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 9/16/1993.

I FURTHER CERTIFY that as of the date of this certificate, CASCADE AUTOGLASS,  
INCORPORATED remains active and has complied with the filing requirements of this office.

Date: December 20, 2013

UBI: 601-492-497



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

Kim Wyman, Secretary of State