## 50000000693

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

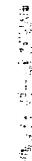
Office Use Only

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Eakin Enterprises, Inc	C.	
	ation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	Standing" and check are sub	
Please return all correspondence concerning this m	natter to the following:	
Steven Sheasby		
Name	e of Person	
Integrity Mortgage Licensing		
Firm/	Company	
1168 Dorset Ln		
A	Address	
Costa Mesa, CA 92626		
City/Sta	ate and Zip code	
steven@imlicensing.com		
E-mail address: (to be u	sed for future annual report r	notification)
For further information concerning this matter, ple	ase call:	
Steven Sheasby at 714	4 、721-3963	
Name of Person A	721-3963 Trea Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
■ \$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

#### 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.

(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)	
Washing	ton	<sub>3</sub> 91-1687122	
	under the law of which it is incorporated)	(FEI number, if applicable)	
2/23/199	5	Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
115 S 2nd		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
110 0 2110	(Principal office ad		
115 S 2nd	Street, Selah, WA 98942		
	(Current mailing ad	dress)	
	_	ldress)	
Mortgage	e Lending	<del>_</del>	
(Purpose(s	) of corporation authorized in home state or o	country to be carried out in state of Florida)	
Name and stree	t address of Florida registered agent: (P	.O. Box NOT acceptable)	
Name:	Paracorp Incorporated		
fice Address:	236 East 6th Avenue		
	Tallahassee	, Florida 32303	
	(City)	(Zip code)	
	gent's acceptance:		
Registered as		vice of process for the above stated corporation at the pla tment as registered agent and agree to act in this capacit	

<sup>11.</sup> 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: John Eakin Address: 115 S 2nd Street Selah, WA 98942 Vice Chairman: Address: \_\_\_\_ Director: B. OFFICERS President: John Eakin Address: 115 S 2nd Street Selah, WA 98942 Vice President: Secretary: John Eakin 115 S 2nd Street, Selah, WA 98942 Treasurer: John Eakin Address: 115 S 2nd Street, Selah, WA 98942 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. SKILLIEN 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. John Eakin, President

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

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: January 15, 2015

ENTITY NAME: Eakin Enterprises, Inc.

#### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 236 East 6<sup>th</sup> Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary

Paracorp Incorporated

# 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 EAKIN ENTERPRISES, 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 2/23/1995.

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

Date: January 15, 2015

UBI: 601-624-824



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

Kim Wyman, Secretary of State