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Division of Corporations

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From:

Account Name

: NORTHWEST REGISTERED AGENT LLC

Account Number : I20090000081

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FOREIGN PROFIT/NONPROFIT CORPORATION RiskLens, Inc.

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K.SALY EXAMINER 2015 2015

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.

"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")	ORATED," "COMPANY," "CORPORATION,"
•	•	rate name adopted for the purpose of transacting business in Florida)
Washing	OII y under the law of which it is incorporate to the law of which it	orated) (FEI number, if applicable)
01/10/20	· ·	5. Perpetual
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
-	alification	(
<u> </u>	(Date first transacted	business in Plorida, if prior to registration)
050 5 0	•	1 & 607.1502, F.S., to determine penalty liability)
850 E Sp		e. 270, Spokane, WA 99202
850 E Spo	•	office address) 270, Spokane, WA 99202
		nelling address)
Name and street Name:	ot address of Florida registered at Northwest Registered A	gent: (P.O. Box NOT acceptable) Agent, LLC
ffice Address:	3030 N. Rocky Point Dr.	, STE 150A
Hite Address:	Tampa	, Florida 33607 75 00 33 00 33 00 33 00 33 00 00 33 00 00
	(City)	(Zip code)
Iaving been nan lesignated in this arther agree to c	application, I hereby accept the omply with the provisions of all	ccept service of process for the above stated corporation at the place e appointment as registered agent and agree to act in this capacity. I statutes relative to the proper and complete performance of my ligations of my position as registered agent.
	1 11	

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS	350 mcm. AM 8: 56
Chairman:	TAT LAHASSEE FLORITZ
Address:	
Vice Chairman:	
Address:	aana dhaa ay ah dhaa ahaa ahaa ahaa ahaa dhaa d
Director: Steven Tabacek	
Address: 850 E Spokane Falls Blvd., Ste. 270, Spokane, W	A 99202
Director: Jack Jones	
Address: 850 E Spokane Falls Blvd., Ste. 270, Spokane, W	A 99202
B. OFFICERS President: Jack Jones Address: 850 E Spokane Falls Blvd., Ste. 270, Spokane, W	A 99202
Vice President:	
Secretary: Leslie Yates Address: 850 E Spokane Falls Blvd., Ste. 270, Spokane, W Treasurer: Leslie Yates	A 99202
Address: 850 E Spokane Falls Blvd., Ste. 270, Spokane, W	A 99202
NOTE: If necessary, you may attach an addendum to the application listing additiona	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) a are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S. Leslie Yates, Secretary	ffirms that the facts stated herein he Department of State constitutes

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



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 RISKLENS, 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 1/10/2011.

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

Date: July 13, 2015

UBI: 603-077-576

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

*DED

Kim Wyman, Secretary of State



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