

F15000005217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

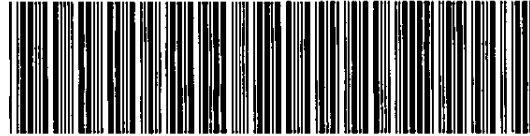
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

NOV 25 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations
Pacific Technologies, Inc

SUBJECT: _____
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:
Ember Jensen

_____	Name of Person
Pacific Technologies, Inc	
_____	Firm/Company
PO Box 4846	
_____	Address
Boise, ID 83711	
_____	City/State and Zip code
tinna@ptiasbestos.com	

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

For further information concerning this matter, please call:

Ember Jensen	208	344-8668
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.**

Pacific Technologies, Inc

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
12/31/1992

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
107 E 40th St. Boise, ID 83714

7. _____
(Principal office address)
PO Box 4846 Boise, ID 83711

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr, Suite A

Tallahassee, Florida 32301
(City) (Zip code)

9. 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.



Adam Saldana, Asst. Secretary

(Registered agent's signature)

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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Josh Woodard

Address: 107 E 40th St.

Boise, ID 83714

Director: James Lytle

Address: 107 E 40th St.

Boise, ID 83714

B. OFFICERS

President: Joel Lytle

Address: 107 E 40th St.

Boise, ID 83714

Vice President: _____

Address: _____

Secretary: _____

Address: Dallas Millington

Treasurer: 107 E 40th St Boise, ID 83714

Address: _____

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

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

Josh Woodard Director

13. _____

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

2015 NOV 24 PM 12:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of Idaho

Office of the Secretary of State

**CERTIFICATE OF EXISTENCE
OF
PACIFIC TECHNOLOGIES, INC.**

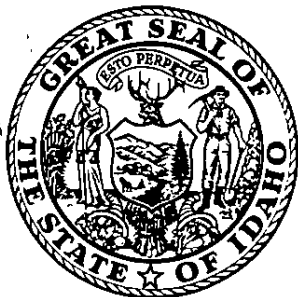
File Number C 100595

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the record of this office show that the above-named corporation was incorporated under the laws of Idaho on December 31, 1992.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: November 3, 2015



Lawrence Denney
SECRETARY OF STATE

By *Beatty*