Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

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Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Empil	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION

Red Lion Hotels Franchising, Inc.

Certificate of Status	0		
Certified Copy	0		
Page Count	05		
Estimated Charge	\$70.00		

Electronic Filing Menu

Corporate Filing Menu JAN 2 7 2016

Help

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COVER LETTER

	stration Se sion of Cor				
SUBJECT:	Red Lion	Hotels Franchising, I	nc.		
		Name of	corporation	- must include suffix	
Dear Sir or N	/ladam:				
"Certificate	of Existenc		of Good Star	ding" and check are sut	et Business in Florida," omitted to register the
Please return	all corresp	ondence concernin	g this matter	to the following:	
Julie Langenh	cim				
	· · · · · · · · · · · · · · · · · · ·		Name of	Person	
Red Lion Hot	els Franchis	ing, Inc.			
			Firm/Com	pany	
201 W North	River Dr. #1	00			
			Addre	ss	
Spokane, WA	99201				
		1	City/State at	nd Zip code	
julie.langenhe	im@redlion				
		E-mail address:	to be used f	or future annual report i	notification)
For further in	formation	concerning this mat	ter, please c	all:	
Julie Langenheim		509	777-6322		
Nam	e of Persor		Area Code	Daytime Telep	hone Number
Regis Divis Clifto 2661 Talla	stration Section of Corpon Building Executive hassee, FL	porations Center Circle 32301		MAILING A. Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection prporations
Enclosed is a		the following amounts \$78.75 Filing I Certificate of	?ce & □	\$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.

ble in Florida, enter alternate corporate name add	opted for the purpose of transacting bus	iness in Flo	orida)	
	3. 91-1361462			
under the law of which it is incorporated)	(PEI number, if applicat			
	(Date of duration, if other than perpetual)			
(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		e de la companya de l	16	
	office address)	100		4 .44
				A CONTRACTOR
C T Corporation System		6	08	
1200 South Pine Island Road	_			
Plantation, FL 33324	, Florida (Zip code)			
	7991 1 . \			
(City)	(Zip code)			
,	y under the law of which it is incorporated) 5	3. 91-1361462 y under the law of which it is incorporated) 5. (Date of duration, if other than policial of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) or Dr. #100, WA 99201 (Principal office address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System	y under the law of which it is incorporated) (PEI number, if applicable) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) or Dr. #100, WA 99201 (Principal office address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System	Of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) or Dr. #100, WA 99201 (Principal office address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Greg Mount Chairman: 201 W North River Dr. #100, WA 99201 Vice Chairman: _ Address: _ Thomas L. McKeiman Director: 201 W North River Dr. #100, WA 99201 James A Bell Director: 0 201 W North River Dr. #100, WA 99201 Address: **B. OFFICERS** Greg Mount 201 W North River Dr. #100, WA 99201 0 Address: Vice President: __ Thomas L McKeiman Secretary: 201 W North River Dr. #100, WA 99201 Address: James A Bell 201 W North River Dr. #100, WA 99201 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. homas (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 RED LION HOTELS FRANCHISING, 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 12/24/1986.

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

Date: January 25, 2016

UBI: 601-043-993

STATE OF WASHINGTON TO THE STATE OF WASHINGTON TO THE STATE OF WASHINGTON TO THE STATE OF THE ST

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

Kim Wyman, Secretary of State