# F16000003584

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

Office Use Only



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DEPARTMENT OF SIAN

ONHOS 2015

ORDER

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 6-7-16				
ENTITY NAME:				
JERRY ERWIN ASSOCIATES	s.Inc.			
	- / 1 / 1 <u>· · · · · · · · · · · · · · · · · · </u>			
**PLEASE FILE THE ATTACHED AND RETURN:**				
Plain Copy				
Certified Copy				
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE EN	ΓΙΤ <b>Υ:</b> **			
Document Number:	<u> </u>			
Certified Copy of Arts & Amendments				
Certificate of Good Standing	1			
	- 1 TH			
	<b>3</b> 20			
**APOSTILLE'/NOTARIAL CERTIFICATION:**	မှ ကွ			
COUNTRY OF DESTINATION	- J.			
NUMBER OF CERTIFICATES REQUESTED				
TOTAL AMOUNT OWED: 2567  CHECK NUMBER: 76  PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS M	ATTER.			
Thank you!				
Tina Coff President				

### **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	Jerry Erwin Associates In	ic.		
	Nar	ne of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign f Existence," or "Certificated foreign corporation"	cate of Good Star	iding" and check are sub	ot Business in Florida," mitted to register the
Please return	all correspondence conc	erning this matte	r to the following:	
Teri Bush				
		Name of	Person	
Jerry Erwin As	ssociates Inc.			
		Firm/Con	ipany	
5101 NE 82nd	Avenue, Suite 200			
		Addre	ess	
Vancouver, W	A 98662			
		City/State a	nd Zip code	
teri.bush@jeac	<del>-</del>			
	E-maii addi	ress: (to be used	for future annual report r	iotitication)
For further in	formation concerning thi	is matter, please o	call:	
Teri Bush		, 360	254-9442	
Nam	e of Person	at ( Area Cod		hone Number
		<b>7</b> 00		
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations			Division of Corporations	
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, FL 32314		
	hassee, FL 32301		rananassee, F	L 32314
Enclosed is a	check for the following	amount:		
<b>%</b> \$70.00 Fil	ling Fee	iling Fee & C	\$78.75 Filing Fee & Certified Copy	Status & 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.

Jerry Erwin Associates Inc.					
		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	)," "(	OMPANY," "CORPORATION,"	
	Jerry Erwin Ass	ociates Incorporation		•	
	(If name unavaila	ible in Florida, enter alternate corporate nam	e ado	oted for the purpose of transacting business in Florida)	
2.	Washington	y under the law of which it is incorporated)	9 t	-1329083	
	(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)	
4.	02/12/1986		5.		
••	(Date of incorporation)		•	(Date of duration, if other than perpetual)	
6.					
		(Date first transacted business			
	5101 NE 82nd Av	venue, Suite 200 Vancouver, WA 98662	1302,	F.S., to determine penalty liability)	
7.				office address)	
		term	silvan e	arice address)	
		(Current ma)	ling a	ddress, if different)	
		<b>V</b>		· · · · · · · · · · · · · · · · · · ·	
8.	Name and stree	et address of Florida registered agent: (I	P.O. E	Box NOT acceptable)	
	Name:	NRAI Services, Inc.			
	tyanic.	1200 Courts Piers Island Pand			
0	ffice Address:	1200 South Pine Island Road		<del>-</del>	
		Plantation, FL 33324		, Florida	
		(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.

NRAI Services, Inc.

By: (Then) (Corcklin - 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_ Address: \_ Vice Chairman: Address: Director: Address: B. OFFICERS President: Jerry Erwin 5101 NE 82nd Avenue, Suite 200 Address: Vancouver, WA 98662 Vice President: Charmene Hernandez 5101 NE 82nd Avenue, Suite 200 Vancouver, WA 98662 Cody Erwin Treasurer: 5101 NE 82nd Avenue, Suite 200 Vancouver, WA 98662 pay altach an addendum to the application listing additional officers and/or directors. NOTE: If necessary. 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. 13. Cody Erwin, Vice President

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



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

## CERTIFICATE OF EXISTENCE

OF

JERRY ERWIN ASSOCIATES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 2/12/1986.

I FURTHER CERTIFY that the entity's duration is Perpetual,

and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: June 7, 2016

UBI: 601-116-329

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

- Street Street

Kim Wyman, Secretary of State

