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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

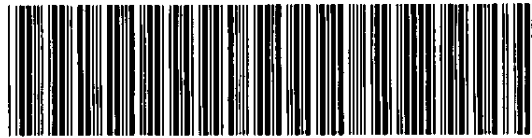
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 17 AM 8:32

AUG 18 2016
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RECEIVED
DEPARTMENT OF REVENUE
16 AUG 17 PM 2:09
NOT RECORDED
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 236081 8071618

AUTHORIZATION :

[Signature]

COST LIMIT : \$70,000

ORDER DATE : July 28, 2016

ORDER TIME : 12:35 PM

ORDER NO. : 236081-005

CUSTOMER NO: 8071618

16 AUG 17 AM 8:32

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: SWANBOURNE RELOCATION
SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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.*

SWANBOURNE RELOCATION SERVICES, INC.

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

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

2. WASHINGTON 3. 61-1505311
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/20/2006 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)

7. 5305 89TH AVE., SE OLYMPIA, WA 98501
(Principal office address)
4570 Avery Lane S.E., Suite C PMB 270, Lacey, WA 98503
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street
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.

Corporation Service Company

By: M. Zender
(Registered agent's signature)

Melissa Zender
Asst. Vice President

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: MARY JOY S. ROSALES

Address: 5305 89TH AVE., SE OLYMPIA, WA 98501

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: MARY JOY S. ROSALES

Address: 5305 89TH AVE., SE OLYMPIA, WA 98501

Vice President:

Address:

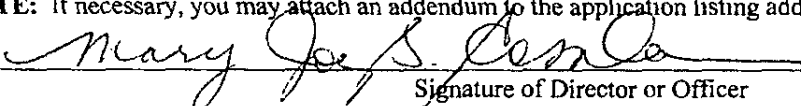
Secretary:

Address:

Treasurer:

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.

13. MARY JOY S. ROSALES, PRESIDENT

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

16 AUG 17 AM 8:32
CLERK OF STATE
DEPARTMENT OF STATE

UNITED STATES OF AMERICA

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

OF

SWANBOURNE RELOCATION SERVICES, 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 12/20/2006.

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: July 28, 2016

UBI: 602-678-520

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

Kim Wyman, Secretary of State



16 AUG 17 AM 8:33

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