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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 SEP -6 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 SEP -6 PM 3:55

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BahFed Corp.
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:

Name of Person
Incorporating Services, Ltd.
Firm/Company

Address
Tallahassee, FL 32301
City/State and Zip code

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

For further information concerning this matter, please call:

Melissa at (904) 750-7956
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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.*

BahFed Corp

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)
Oregon 45-3644100

2.

(State or country under the law of which it is incorporated)
10/12/2011

3.

(FEI number, if applicable)

4.

(Date of incorporation)
When qualified.

5.

(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)
1000 SW Broadway, Suite 1110, Portland, OR 97205

7.

(Principal office address)

(Current mailing address, if different)

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

Paracorp Incorporated

Name:

155 Office Plaza Drive, 1st Floor

Office Address:

Tallahassee

32301

(City)

, Florida

(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.

Shawn Linan

Shawn Linan, 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ken Paul
1000 SW Broadway, Suite 1110, Portland, OR 97205

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ken Paul
1000 SW Broadway, Suite 1110, Portland, OR 97205

Address: _____

Vice President: _____

Address: _____

Secretary: Ken Paul
1000 SW Broadway, Suite 1110, Portland, OR 97205

Address: _____

Treasurer: Ken Paul
1000 SW Broadway, Suite 1110, Portland, OR 97205

Address: _____

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

12. Ken Paul

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.

Ken Paul, President

13. _____

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

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2017-6-19 9:03
SECRETARY OF STATE
TAMMSEEF, FLORIDA

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 320N401R1

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

BAHFED CORP

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Jeanne P. Atkins

JEANNE P. ATKINS, SECRETARY OF STATE

8/30/2016