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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	*)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Longevity Service	is Incorporated
Name of corpora	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	▼
Please return all correspondence concerning this n	_
Kevin R. Malme Name Longevity Services Firm	o of Porcer
Nam.	e of Ferson
Longevity Services	Inc.
P.O. Box 30219	Address
SPOYAMO 1./A	88223
City/S	ate and Zip code
lei Vuelone @ angi	ate and Zip code Com used for future annual report notification)
E-mail address (to be	used for future annual report notification)
For further information concerning this matter, pla	ease call:
Kevin Malme at (5) Name of Person Area	09 724-2121
Name of Person Area	a Code Daytime Telephone Number
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
Tallahassee, FL 32301	Turking Sec, 1 B 545 1
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

(If name unavailab	ole in Florida, enter alternate corporate name adopted for the purpos	e of transacting business in Florida)	
(State or country	under the law of which it is incorporated) 3. 91-16 (FEI	number, if applicable)	
	13, 1993 5. (Date of du		
·	·	,	
6	(Date first transacted business in Florida, if prior to re (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine		
7. 6	506 South Regal Court, S.	pokane, WA 99223	,
	(Principal office address)		
	506 South Regal Court, S, (Principal office address) P.O. Box 30219 Spok AME (Current mailing address, if different	WA 99223	
	(Current mailing address, if different)	
8. Name and street	address of Florida registered agent: (P.O. Box NOT accept	able)	; •
Name:	CLARENCE E. JOHNSON	(2) 전기 전기 (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	-1;
Office Address:	2961 E VINA Del Mar Blrd	7 PH	
	57. Petersburg, Florida 33 (City), Florida 33	706 p code)	
	(City) (Zi	p code)	
9. Registered age	ed as registered agent and to accept service of process for the	te above stated corporation at the plac	e I
designated in this of further agree to co	application, I hereby accept the appointment as registered a semily with the provisions of all statutes relative to the proper miliar with and accept the obligations of my position as reg	er and complete performance of my	

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: Kevin R. Malone Address: 6506 Regul Ct.

SPOKANE WA 99223 Vice Chairman: NONE Address: Director: NONE Address: ____ Director: Nune **B. OFFICERS** President: Kevin R. Malone. Address: 6506 Regal Ct SPOKANE WA 99223 Vice President: Christine m. Malone. Address: 6506 Regal Ct. SPOKANC. WA 99223. Secretary: __ Address: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. R. Malone 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. <u>Kevin R. Malone.</u> (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

OF

LONGEVITY SERVICES, INCORPORATED

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 5/13/1993.

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: September 14, 2016

UBI: 601-466-202

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

· HEALT

Kim Wyman, Secretary of State

