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(Requestor's Name)	
- (Address)	
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)	
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ON OF CORPORATIONS

O SIMMONS

COVER LETTEŘ

TO:	Registration Section		
	Division of Corporations		
CLIDI	Dream Dinners, Inc.		
SUBJ	Name o	f corporation	- must include suffix
	Nume	Corporation	- must metade surrix
Dear S	Sir or Madam:		
"Certi		of Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.
	return all correspondence concerning	ng this matter	to the following:
		Name of F	Person
Drean	n Dinners Inc.		
		Firm/Comp	nanv
РО В	ox 889	i iiii/Com	Sury
		Addre	00
Snoh	omish, WA 98291	Audre	55
		- C': 10: 1	17'
criste	n.ellis@dreamdinners.com	City/State ar	id Zip code
		(4-1A-F	- Court and Court and Court
	E-mail address	: (to be used to	or future annual report notification)
For fu	rther information concerning this m	atter, please c	all:
Criste	n Ellis	360	804-2138
		at (
	Name of Person	Area Code	Daytime Telephone Number
	CTD FETO/COLIDIED A DODESS	5.	MAILING ADDRESS:
	STREET/COURIER ADDRESS Registration Section	5 ;	Registration Section
	Division of Corporations		Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314
Enclo	sed is a check for the following amo	ount:	
⑤ \$7	0.00 Filing Fee		\$78.75 Filing Fee & Sertified Copy Sertified Copy 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.

	rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp.")	O," "COMPA	NY," "CORPORATION,"	
Dream Dinners	Home Office			
(If name unavaila WASHINGTON		ne adopted for 47-08628		business in Florida)
	under the law of which it is incorporated)	perpetua 5.	(FEI number, if appl	icable)
	of incorporation)		Date of duration, if other th	an perpetual)
625 North 52nd	(Date first transacted business (SEE SECTIONS 607.1501 & 607. Ave St Petersburg FL 33703	.1502, F.S., to	o determine penalty liability)
	(Princ	cipal office a	ddress)	
	(Current mai	iling address,	if different)	0
. Name and stree	t address of Florida registered agent: (F	P.O. Box <u>N</u>	OT acceptable)	16 OCT 31 AM II: 06 Division of corforations
Name:	NORTHWEST REGISTERED AGE	NT LLC		OCT 31
Office Address:	3030 N. Rocky Point Drive, STE	150A		
	TAMPA	. Fla	orida 33607	AM II: 06 Reokation
	(City)	, , ,	(Zip code)	₹; 6

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.

Tom Glover/Manager/Northwest Registered Agent LLC

(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.

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: Director: Address: B. OFFICERS Stephanie Allen 727 134th St SW Address: Everett, WA 98204 Tina Kuna PO Box 889 Address: PO Box 889 Address: PO Box 889 Snohomish WA 98291 Tina Kuna Tina Kuna Secretary: PO Box 889 Snohomish WA 98291 Tina Kuna Tina Kuna Tina Kuna 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. Tina Kuna (Typed or printed name and capacity of person signing application)	11. Names and business addresses of officers and/or directors:
Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: Address: Director: PO Box 889 Snohomish, WA 98291 Tina Kuna PO Box 889 Snohomish WA 98291 Tina Kuna Secretary: PO Box 889 Snohomish WA 98291 Treasurer: Address: Treasurer: Address: Director of Director of Director of 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. Tina Kuna 13.	A. DIRECTORS
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Vice President: PO Box 889 Address: Stephanie Allen Tina Kuna Vice President: PO Box 889 Snohomish WA 98291 Tina Kuna Vice President: PO Box 889 Snohomish WA 98291 Tina Kuna Vice President: PO Box 889 Snohomish WA 98291 Tina Kuna Vice President: PO Box 889 Snohomish WA 98291 Tina Kuna Vice President: PO Box 889 Snohomish WA 98291 Tina Kuna Vice President: PO Box 889 Snohomish WA 98291 Tina Kuna Vice President: PO Box 889 Snohomish WA 98291 Tina Kuna Secretary: Signature of Director of 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. Tina Kuna 13.	Address:
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	13.



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

DREAM DINNERS, 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 4/19/2002.

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: October 6, 2016

UBI: 602-198-924

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

Kim Wyman, Secretary of State



KILLERY.