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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

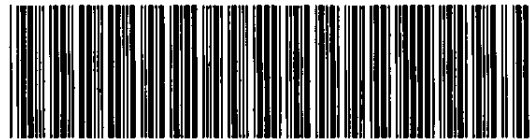
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN 19 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olympic Collection Inc.

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:

Ingrid Fernandez

Name of Person

LicenseLogix, LLC

Firm/Company

140 Grand St., Suite 300

Address

White Plains, NY 10601

City/State and Zip code

service@licenselogix.com

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

For further information concerning this matter, please call:

Ingrid Fernandez on behalf of LicenseLogix, LLC at (800) 292-0909 ext. 324

Name of Person	Area Code	Daytime Telephone Number
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STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|---|

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TALLAHASSEE, FLORIDA

**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.

1. Olympic Collection Inc.
(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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/30/2004 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 16040 Christensen Rd. Ste 214 Tukwila WA 98188
(Principal office address)
- 16040 Christensen Rd. Ste 214 Tukwila WA 98188
(Current mailing address, if different)

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

Name: Paracorp Incorporated

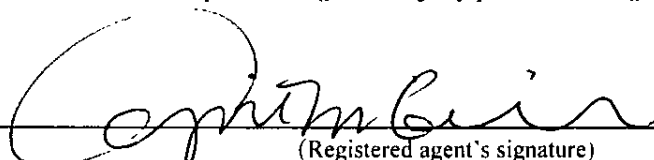
Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.


(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: Farooq Ansari

Address: 16040 Christensen Rd #214

Tukwila, WA 98188

Director: Muneera H Merchant-Ansari

Address: 16040 Christensen Rd #214

Tukwila, WA 98188

B. OFFICERS

President: Farooq Ansari

Address: 16040 Christensen Rd #214

Tukwila, WA 98188

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.

FAROOQ ANSARI

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

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TALAMON, FLORIDA
SECRETARY 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
OLYMPIC COLLECTION 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 10/20/2004.

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: November 4, 2016

UBI: 602-438-863

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

Kim Wyman, Secretary of State



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JAN 19 PM 1:18
SECRETARY OF STATE
KIM WYMAN
OLYMPIA, WASHINGTON