

F17000004529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

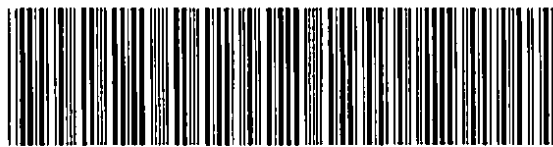
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

cert  
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Office Use Only



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10/09/17--01002--002 \*\*225.00

FILED

2017 OCT -6 PM 3:55

17 OCT -9 AM 9:41  
DIVISION OF REVENUE AND TAX

FILED

O SIMMONS

OCT 10 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2017

SUNSHINE CORPORATE FILING OF FLORIDA INC

SUBJECT: TCS & STARQUEST EXPEDITIONS, INC.  
Ref. Number: W17000079838

*corrected*  
*Please file and*  
*allow for initial*  
*fee date.*

We have received your document for TCS & STARQUEST EXPEDITIONS, INC. and your check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 817A00020303

17 OCT -9 PM 3:26

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE 10-6-17  
\*\*WALK IN\*\*

ENTITY NAME TCS & Starquest Expeditions, Inc

DOCUMENT NUMBER Maggie @ Paranet

\*\*PLEASE FILE THE ATTACHED AND RETURN\*\*

☒ Plain Copy

☐ Certified Copy

☐ Certificate of Status

\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\*

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\*

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL DOWNS PAID 70.00  
CHECK # 25.00

Please call Tina at the above number for any issues or concerns. Thank you so much!

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.

TCS & Starquest Expeditions, 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)  
Washington

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
03/01/2007

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
N/A

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
3131 Elliott Avenue, Suite 300, Seattle, WA 98121

7. \_\_\_\_\_  
(Principal office address)  
\_\_\_\_\_  
(Current mailing address, if different)


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

Name: \_\_\_\_\_  
1200 South Pine Island Road

Office Address: \_\_\_\_\_  
Plantation 33324  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*



(Registered agent's signature)

M Ferdinand, Assistant Secretary

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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17 OCT -9 AM 9:44  
DIVISION OF REVENUE

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Shelley Cline

Director: \_\_\_\_\_

3131 Elliott Avenue, Suite 300, Seattle, WA 98121

Address: \_\_\_\_\_

Martin Froggatt

Director: \_\_\_\_\_

3131 Elliott Avenue, Suite 300, Seattle, WA 98121

Address: \_\_\_\_\_

**B. OFFICERS**

Shelley Cline

President: \_\_\_\_\_

3131 Elliott Avenue, Suite 300, Seattle, WA 98121

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Suhail Seth

Secretary: \_\_\_\_\_

201 17th Street NW, Suite 1700, Atlanta, GA 30363

Address: \_\_\_\_\_


Jordan Marsano

Treasurer: \_\_\_\_\_

3131 Elliott Avenue, Suite 300, Seattle, WA 98121

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.

Kevin O. Fogle, Assistant Secretary

13. \_\_\_\_\_

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

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17 OCT -9 AM 9:44  
DIVISION OF STATE RECORDS

**Additional Directors:**

T.C. Swartz  
3131 Elliott Avenue, Suite 300, Seattle, WA 98121

Chris Youngblood  
93 North park Place, Blvd., Clearwater, FL 33759

**Additional Officers:**

Karen Luke, Assistant Treasurer  
93 North park Place, Blvd., Clearwater, FL 33759

Kevin O. Fogle, Assistant Secretary  
201 17<sup>th</sup> Street NW, Suite 1700, Atlanta, GA 30363

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17 OCT -9 AM 9:44  
DIVISION OF . . . . .

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  
TCS & STARQUEST EXPEDITIONS, 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 3/1/2007.

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, 2017

UBI: 602-692-199

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

Kim Wyman, Secretary of State

