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| (Rec                                    | questor's Name)        |  |  |  |  |  |
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| (Address)                               |                        |  |  |  |  |  |
| (City                                   | y/State/Zip/Phone #)   |  |  |  |  |  |
| PICK-UP                                 | WAIT MAIL              |  |  |  |  |  |
| (Bus                                    | siness Entity Name)    |  |  |  |  |  |
| (Document Number)                       |                        |  |  |  |  |  |
| Certified Copies                        | Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |                        |  |  |  |  |  |
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#### **COVER LETTER**

| ~                                | stration Se<br>sion of Co                |                                 |                  |           |   |   |
|----------------------------------|--|---------------------------------|------------------|-----------|---|---|
| SUBJECT:                         | Compute                                  | er Consultants Int              | ternational, Inc | c.(CCI)   |   |   |
| 0000000                          |  |                                 |                  |           | st include suffix   |   |
| Dear Sir or M                    | fadam:                                   |                                 |                  |           |   |   |
| "Certificate o                   | of Existenc                              |                                 | e of Good Sta    | nding"    | and check are sub   | ct Business in Florida,"<br>omitted to register the             |
| Please return                    | all corresp                              | ondence concerr                 | ning this matte  | er to the | e following:  |   |
| Arshia Tayyab                    |  |                                 |                  |           |   |   |
|                                  |  |                                 | Name of          | Persor    | 1   |   |
| Computer Con                     | sultants Inte                            | rnational, Inc (CCI)            |                  |           |   |   |
|                                  |  |                                 | Firm/Cor         | npany     |   | •   |
| 10949 W.Villa                    | Monte Dr                                 |                                 |                  |           |   |   |
|                                  |  |                                 | Addı             | ess       |   |   |
| Mukilteo, WA                     | 98275                                    |                                 |                  |           |   |   |
|                                  |  |                                 | City/State a     | and Zip   | code  |   |
| arshi@cci-wo                     | rldwide.cor                              |                                 |                  |           |   |   |
|                                  |  | E-mail addres                   | s: (to be used   | for fut   | ure annual report   | notification)   |
| For further in                   | formation                                | concerning this r               | natter, please   | call;     |   |   |
| Arshia Tayyab at (1800           |  | γ 800-493-2105 ext 201          |                  |           |   |   |
| Nam                              | e of Perso                               | n                               | Area Coo         | le        | Daytime Telep   | hone Number   |
| Regis<br>Divis<br>Clifto<br>2661 | stration Se<br>sion of Cor<br>on Buildin | porations<br>g<br>Center Circle | SS:              |           | MAILING A<br>Registration S<br>Division of Co<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7                                      |
| Enclosed is a                    | check for                                | the following am                | ount:            |           |   |   |
| □ \$70.00 Fil                    | ling Fee                                 | S78.75 Filir<br>Certificate     |                  |           | 75 Filing Fee & ified Copy  | S87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2017

ARSHIA TAYYAB 10949 W VILLA MONTE DR MUKILTEO, WA 98275 US

SUBJECT: COMPUTER CONSULTANTS INTERNATIONAL, INC. (CCI)

Ref. Number: W17000077464

We have received your document for COMPUTER CONSULTANTS INTERNATIONAL, INC. (CCI) and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 117A00019679

## 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.  | Computer Cons                         | Computer Consultants International, Inc.(CCI)                          |  |                             |            |  |  |  |  |
|-----|---------------------------------------|--|--|-----------------------------|------------|--|--|--|--|
|     | (Enter name of c<br>"Inc.," "Co.," "C | orporation; must include "INCORPORATED, orp." "Inc." "Co," or "Corp.") | " "COMPANY," "CORPORATION              | <del>!.</del> "             | _          |  |  |  |  |
|     | CCI                                   |  |  |                             |            |  |  |  |  |
|     | (If name unavail:                     | able in Florida, enter alternate corporate name                        | adopted for the purpose of transacting | g business in F             | ·lorida)   |  |  |  |  |
| 2.  | Montana                               |  | 81-0496680                             |                             |            |  |  |  |  |
|     | (State or countr                      | y under the law of which it is incorporated)                           | (FEI number, if ap                     | (FEI number, if applicable) |            |  |  |  |  |
| 4.  | 11/18/94                              | 5.   |  |                             |            |  |  |  |  |
|     | (Date                                 | of incorporation)  | (Date of duration, if other            | than perpetual              | )          |  |  |  |  |
| 6.  |                                       |  |  |                             |            |  |  |  |  |
| 7., | 10949 W.Villa Mo                      | onte Dr., Mukilteo, WA 98275 (Princip                                  | pal office address)                    |                             |            |  |  |  |  |
|     |                                       | (Current mailin  | ng address, if different)              | <del></del>                 | 17         |  |  |  |  |
| 8.  |                                       | et address of Florida registered agent: (P.C                           | O. Box <u>NOT</u> acceptable)          | AND SELECTION OF            | 17 OCT -\$ |  |  |  |  |
|     | Name:                                 | Registered Agents Inc.   |  | [** .                       |            |  |  |  |  |
| O   | ffice Address:                        | 3030 N. Rocky Point Dr. STE 150A                                       |  | ;;<br>;;                    | AH 8:      |  |  |  |  |
|     |                                       | Tampa  | Florida 33607                          | ć.                          | 6. t 3     |  |  |  |  |
|     |                                       | (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 Agents Inc.

Bill Havre - Assistant 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.

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

## A. DIRECTORS Chairman: Arshia Tayyab Address: 10949 W.Villa Monte Dr., Mukilteo, WA 98275 Vice Chairman; Address: \_\_\_\_\_ Director: \_\_\_\_\_ Address: \_\_\_\_ **B. OFFICERS** President: Arshia Tayyab Address: 10949 W.Villa Monte Dr., Mukilteo, WA 98275 $\mathbf{c}$ Vice President: Address: \_\_\_\_\_ Secretary: \_\_\_\_\_ Address: \_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 17.13. 13. Arshia Tayyab

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



### **CERTIFICATE OF EXISTENCE**

1, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

#### COMPUTER CONSULTANTS INTERNATIONAL, INC.

duly filed its Articles Of Incorporation for the domestic entity in this office on **December 06, 1994,** and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 4th day of October, 2017.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 100420170065