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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Zones IT Solutions Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

2017 OCT 31 AM 11:13

15618282262

DIVISION

17 OCT 31 AM 11:57

FILED

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. Zones IT Solutions Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Washington 47-2349627

2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

12/19/2014

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)

10/1/2017

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1102 15th Street SW Suite 102, Auburn, WA 98001

7. (Principal office address)

10655 NE 4th Street #700, Bellevue, WA 98004

(Current mailing address, if different)

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

Corporate Creations Network, Inc.

Name:

11380 Prosperity Farms Road #221E

Office Address:

Palm Beach Gardens

33410

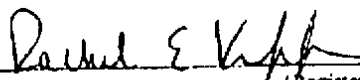
(City)

, Florida

(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.



Rachel Kauffman, Special 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

John Bauer

Director: _____

10655 NE 4th Street #700

Address: _____

Bellevue, WA 98004-5039

Kenneth Kirkpatrick

Director: _____

10655 NE 4th Street #700

Address: _____

Bellevue, WA 98004-5039

B. OFFICERS

Firoz Lalji

President: _____

10655 NE 4th Street #700

Address: _____

Bellevue, WA 98004-5039

Ronald McFadden

Vice President: _____

10655 NE 4th Street #700

Address: _____

Bellevue, WA 98004-5039

Ronald McFadden

Secretary: _____

10655 NE 4th Street #700, Bellevue, WA 98004-5039

Address: _____

Ronald McFadden

Treasurer: _____

Address: _____

10655 NE 4th Street #700, Bellevue, WA 98004-5039

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.

Ronald McFadden, Secretary

13. _____

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

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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

ZONES IT SOLUTIONS 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 12/19/2014.

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 30, 2017

UBI: 603-461-022

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

Kim Wyman, Secretary of State

