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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BEACH DRIVE SHORES, INC. Name of corporation - must include suffix				
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:				
VANCE E KEMEGE Name of Person				
BEACH DRIVE SHORES, INC.				
10746 16th AVE SW # 105				
Address				
SEATTLE, WA 98146 City/State and Zip code VANCEKEMEGE @ COMCAST NET E-mail address: (to be used for future annual report notification)				
City/State and Zip code				
VANCEKEMEGE @ COMCAST NET				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
VANCE F. KEMEGE at (206) 383-1908				
Name of Person Area Code Daytime Telephone Number				
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:				
□ \$70.00 Filing Fee \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certificate of Status & Certified Copy □ \$70.00 Filing Fee & □ \$87.50 Filing Fee. Certificate of Status & 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.

		•	adopted for the purpose of transacting business in Flo	
WAS	HINGTON	3.	91-2011896	
(State or country)	2000	it is incorporated)	91-2011896 (FEI number, if applicable) PERPETUAL (Date of duration, if other than perpetual)	h_
(1)ate	от теогрогацоп)	x1 /2	(Date of duration, if other than perpetuar)	
			Florida, if prior to registration) 02, F.S., to determine penalty liability)	
10-	(SEE SECTION)	1S 607.1501 & 607.15: AVE SW	SUITE 105 , SEATTLE .4	A= 981
10-	(SEE SECTION 146 16 ⁴⁴	NS 607.1501 & 607.15 AVE SW (Principe	SUITE 105, SEATTLE, 4 al office address)	14 981
288	SEE SECTION 146 16 ⁴⁴ 35 SANFOR	NS 607,1501 & 607,150 AVE SW (Principal (Principal (Principal (Principal (Principal)	SUITE 105, SEATTLE, 4 al office address) U #14547 GRANDVILLE, Mg address, if different)	<u>1494</u> <u>1494</u>
	146 16 th 35 SANFOR	AVE SW (Principe D AVE SW (Current mailing	SUITE 105, SEATTLE, 4 al office address) U #14547, GRANDVILLE, Mg address, if different)	12494 12494
	146 16 th 35 SANFOR	AVE SW (Principe D AVE SW (Current mailing	SUITE 105, SEATTLE, 4 al office address) # 14547 GRANDVILLE, M g address, if different) D. Box NOT acceptable)	14981 1494 1104 1104 1104 1104 1104 1104 110
	146 16 th 35 SANFOR	AVE SW (Principe D AVE SW (Current mailing	SUITE 105, SEATTLE, 4 al office address) U #14547, GRANDVILLE, Mg address, if different)	1.494 1.89 1.69 1.69
Name and stree	146 16 th 35 SANFOR t address of Florida re	AVE SW (Principe D AVE SW (Current mailing gistered agent: (P.O	SUITE 105, SEATTLE, 4 al office address) U #14547, GRANDVILLE, Mg address, if different)	1494 1 8:494
Name and stree	146 16 th 35 SANFOR t address of Florida re VANCE 2637 E	AVE SW (Principe D AVE SW (Current mailing) gistered agent: (P.O	SUITE 105, SEATTLE, 4 al office address) U #14547, GRANDVILLE, M g address, if different) D. Box NOT acceptable)	1494 1494 159 169 169 169

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.

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. DIRECTO		
	VANCE KEMEGE	
Address:	10746 16th AVE SW SUITE 105	
	SEATTLE, WA 98146	
Vice Chairman:	ALANNAH KEMEGE	
Address:	10746 16th AVE SW SUITE 105	
	SEATTLE, WA 98146	
Director:		
Address:		
Director:		
B. OFFICERS	S	3.5
President:	VANCE KEMEGE	1 -41
	SEE ABOVE	<u>≇</u> :
		8: t
Vice President:	ALANNAH KEMEGE	<u> </u>
	SEE ABOVE	
Secretary:	ALANNAH KEMEGIZ	
•	SEE ABOVE	
Treasurer:	ALANNAH (FEMELE	
Address:	SEE ABOVE	'
NOTE: If nece	passary you may attach to addendum to the application listing additional officers and	
12	Signature of Director or Officer	or uncerons.
The officer or o	Signature of Director or Officer	facts statud harvin
are true and tha	director signing this document (and who is listed in number 11 above) affirms that the at he or she is aware that false information submitted in a document to the Department (a) and the control of the Department (b) and the control of the Department (c) and the control of the Contr	
	felony as provided for in s.817.155, F.S. PRESIDENT	
13. <u>VA</u>	(Typed or printed name and capacity of person signing application)	





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

BEACH DRIVE SHORES, INC.

I 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 01/18/2000.

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 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.

> Issued Date: 11/27/2017 UB1 Number:

602 005 525

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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Date Issued: 11/27/2017