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(Re	equestor's Name)					
(Address)						
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PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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### **COVER LETTER**

TO:	Registration Section Division of Corporations						
	Bader Martin, P.S.						
SUB.	JECT:						
	Name o	f corporatio	n - mus	t include suffix			
Dear S	Sir or Madam:						
"Certi	nclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to tra	of Good Sta	inding"	and check are sub			
	ereturn all correspondence concernii Eisenhauer	ng this matt	er to the	following:			
		Name o	î Persor	<del></del>			
Bader	Martin, P.S.						
1000	2nd Avenue, Ste 3400	Firm/Co	mpany				
Sentile	:, WA 98104	Add	ress				
Jeann	., (17, 70104						
ceisen	hauer@badermartin.com	City/State	and Zip	code			
	E-mail address:	(to be used	for fut	ire annual report r	iotification)		
For fu	orther information concerning this ma	•		·	,		
Carol Eisenhauer		-	206 621-1900 ext. 323				
	;	at (	)				
	Name of Person	Area Co	de	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		i:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	sed is a check for the following amor	unt:					
<b>19</b> S7	0.00 Filing Fee			75 Filing Fee & ified Copy	S87.50 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. Bader Martin, P.S. Corp (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) 91-1501421 (FEI number, it applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1000 2nd Avenue, Ste 3400, Seattle, WA 98104 (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, Florida 33324 (City) 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 occept the obligations of my position as registered agent. Carline Smith Vice President & 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.

Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_ Vice Chairman: Address: Director: \_ Address: \_\_\_ Director: \_ **B. OFFICERS** David Stiefel President: 1000 2nd Avenue, Ste 3400, Seattle, WA 98104 Address: \_ 3 Vice President: Address: \_\_ Susan Queary Secretary: 1000 2nd Avenue, Ste 3400, Seattle, WA 98104 Address: Rodney Fujita Treasurer: 1000 2nd Avenue, Ste 3400, Seattle, WA 98104 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.817.155, F.S.

/(Typed or painted name and capacity of person signing application)

# 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

#### BADER MARTIN, P.S.

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 11/16/1990.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the resolds 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: 01/10/2018 UBI Number: 601 285 165



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

Kim Wyman, Secretary of State

Date Issued: 01/10/2018