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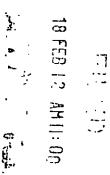
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
					
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COVER LETTER

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FEB 1 2 2018

TO:	Registration Section			FEB 1 2 7018
	Division of Corporations			
SUBJ	ECT: Continuity Publishing Inc			
	Na	me of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certifi referenced foreign corporation	cate of Good Star	nding" and check are su	act Business in Florida," bmitted to register the
Please	return all correspondence conc	eming this matter	to the following:	
Matthe	w Welker, Esq.		•	•
		Name of	Person	
Walk I	Law Firm, PA			
		Firm/Com	pany	
100 S A	Ashley Dr. Ste. 620			
		Addre	ess	
Tampa	, FL 33602			
		City/State as	nd Zip code	
admin(@walklawfirm.com		•	
	E-mail add	ress: (to be used f	or future annual report	notification)
For fu	ther information concerning th	is matter, please c	ali:	
Matthe	w Welker	at (813) 999-0199	
	Name of Person	Area Code	e Daytime Telep	hone Number
Fnelos	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	ed is a check for the following: 0.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

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.

L. Continuity Pu	blishing Inc.			
(Enter name of "Inc.," "Co.,"	f corporation; must include "INCORPORATED "Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unave	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting business	s in Florida)	
2. Washington				
(State or cour	ntry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 12/18/1987	5.			
(Da	(Date of incorporation) 5. (Date of duration, if other than perpetual)		ctual)	
6				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 428 E 4th St	reet Suite 103, Charlotte, NC 28202		¥ . 5	
(Principal office address)				
	(Current maili	ng address, if different)		
			8 FE 00	
8. Name and str	eet address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	Walk Law Firm PA		المراقبة المراقب المراقب المراقب المراقب المراقبة المراقبة المراقبة المراقب	
Office Address:	100 S. Ashley Dr. Ste. 620			
	Tampa	. Florida 33602		
	(City)	, Florida <u>33602</u> (Zip code)		
Having been na designated in th further agree to	gent's acceptance: med as registered agent and to accept serv is application, I hereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations CAMALK	ment as registered agent and agree to act relative to the proper and complete perfor of my position as registered agent.	in this canacity I	
	(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: __ Vice Chairman: Address: Director: Daniel Dyer Address: 6958 Venture Circle, Orlando, FL 32807 Director: Joseph Mount Address: 3246 Valancia Terrace, Charlotte, NC 28211 **B. OFFICERS** President: Daniel Dver Address: 6958 Venture Circle, Orlando, FL 32807 Vice President: Address: Secretary: Joseph Mount Address: 3246 Valancia Terrace, Charlotte, NC 28211 Treasurer: 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. 13. <u>Daniel Dver</u>

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

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 scal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CONTINUITY PUBLISHING, 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 12/18/1987.

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: 02/06/2018

UBI Number:

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→ 12:15



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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: 02/06/2018