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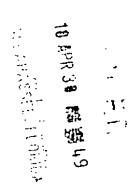
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MAY 01 2018

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.

(If name unavailal	ble in Florida, enter alternate corporate name adop	oted for the purpose of transactin	ng business in Florida)
(State or country	untry under the law of which it is incorporated) 3. (FEI number, if a		oplicable)
5-13-1997 5. (Date of incorporation) (Date of duration, if other		r than perpetual)	
4-22-2018			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, Blvd., Suite 170, Beaverton, OR 97006	F.S., to determine penalty liabi	
(Principal office address) 5241 Arnold Avenue, McClellan, CA 95652		2 APR	
		ddress, if different)	38 38 38 38 38 38 38 38 38 38 38 38 38 3
Name and stree Name:	t address of Florida registered agent: (P.O. E Gino Pardo	acceptable)	6 1 (1)
	4800 Deerwood Campus Parkway		
ffice Address:	Jacksonville	32246 , Florida	
	(City)	(Zip code)	
laving heen nam		(Zip code) of process for the above state at as registered agent and ag	gree to act in this cap

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 Charles Somers Chairman: 5241 Amold Avenue Address: McClellan, CA 95652 Vice Chairman: Address: Director: Address: Address: ______ **B. OFFICERS** President: Address: Vice President: Address: _____ Address: Ken Silva Treasurer: 5241 Arnold Avenue, McClellan, CA 95652 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. Ken Silva, CFO

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

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 371V838P8

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

PACIFIC WEST SITE SERVICES, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Slumes chardson

DENNIS RICHARDSON, SECRETARY OF STATE

4/13/2018