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TALLAHASSEE FLORIDA

D BRUCE
JUL 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Billups, Inc.

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:

Peter Tran

Name of Person

Immix Law Group PC

Firm/Company

600 NW Naito Parkway, Suite G

Address

Portland, Oregon 97209

City/State and Zip code

peter.tran@immixlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Tran

503 802-5551
at ()

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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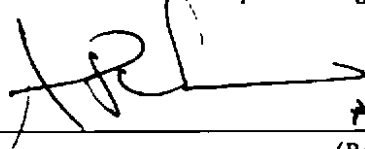
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Billups, Inc.
(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)
2. Oregon 3. 54-2128857
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/10/2003 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 340 OSWEGO POINTE DR, SUITE 101, LAKE OSWEGO, OREGON 97034
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Vcorp Services, LLC
- Office Address: 5011 South State Road 7, Suite 106
- Davie, Florida 33314
(City) (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.



Anthony Palazzo, Assls. 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: Ben Billups
340 OSWEGO POINTE DR., SUITE 101
Address: LAKE OSWEGO, OREGON 97034

Vice Chairman: Heather Billups
340 OSWEGO POINTE DR., SUITE 101
Address: LAKE OSWEGO, OREGON 97034

Director: Jason Kiefer
340 OSWEGO POINTE DR., SUITE 101
Address: LAKE OSWEGO, OREGON 97034

Director: _____
Address: _____

B. OFFICERS

President: Ben Billups
340 OSWEGO POINTE DR., SUITE 101
Address: LAKE OSWEGO, OREGON 97034


Vice President: Heather Billups
340 OSWEGO POINTE DR., SUITE 101
Address: LAKE OSWEGO, OREGON 97034

Secretary: Heather Billups
340 OSWEGO POINTE DR., SUITE 101, LAKE OSWEGO, OREGON 97034
Address: _____

Treasurer: Jerome Kline
340 OSWEGO POINTE DR., SUITE 101, LAKE OSWEGO, OREGON 97034
Address: _____

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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.

13. Benjamin Billups
(Typed or printed name and capacity of person signing application)

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 920L794B9

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

BILLUPS, 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.*

A handwritten signature in cursive script, reading "Dennis Richardson".

DENNIS RICHARDSON, SECRETARY OF STATE

7/20/2018