F18000003853

(Requestor's Name)
(Äddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-
_

Office Use Only



300317289643

08/21/18--01004--030 **87.50

TILEU 2018 AUG 21 PM 3: 5 SECRETARY OF STAT

N CULLIGAN AUG 2 2 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2018

JOEL BURROW 600 NORTH 36TH STREET #302 SEATTLE, WA 98103

SUBJECT: LAVISH INC

Ref. Number: W18000071962

MAILING

ADDRESS

thank you

We have received your document for LAVISH INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 018A00016328

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") ite or country under the law of which it is incorporated)

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. (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. DIRECT	ORS						
Chairman:	7021	Burrow				. 	
Address:	5051	Ocean	Blud	Sarasota	FL	3474	λ
Vice Chairmar			ow				
Director:	Joe	1 Burn) www		-		
		•					2018 SE
	Joe						2018 AUG 21 PH 3: 59 SECRETARY OF STATE TALL AHASSEE, FI OPIN
Vice President		` /					
Secretary: Address: Address:		11 (Sax					
NOTE: If no			n addendum	to the application l	isting addit	ional officers an	d/or directors.
	or director significant he or she e felony as pr	is aware that rovided for in	false inform s.817,155, I	nation submitted in a	ber 11 abov a document	to the Departme	he facts stated herein ent of State constitutes



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

LAVISH 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 12/28/2000.

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: 07/24/2018 UBI Number: 602 088 568

Fun Ulyna