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SECTION OF STATE OF STATE OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Northwest Investme	nt Consulting,	Inc.		
•		- must include suffix	 -	
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certific above referenced foreign corporation to	ate of Good Stan	ding" and check are sub		
Please return all correspondence conce	rning this matter	to the following:		
Adam Brown				
	Name of I	Person		
Northwest Investment Consulting, Inc.				
	Firm/Com	pany		
5446 California Ave SW, Suite 200				_
	Addre	ss		 .≤o:
Seattle, WA 98136				
	City/State ar	nd Zip code		· 第 - 5 ; ;
abrown@nwp401k.com				- 1 00 mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/
E-mail addr	ess: (to be used f	or future annual report r	notification)	1700
For further information concerning this	s matter, please c	all:		OF STATE
Adam Brown	_{at (} 206	, 588-4602		ng. Pay
Name of Person	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
□ \$70.00 Filing Fee □ \$78.75 Fi		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Co	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.

Northwest inve	estment Consulting, Inc.		
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY." "CORPORATION."	
	Services, Inc.		
If name unavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacting business in Floric	da)
Washington	nington 3 602 082 502		
(State or countr	tate or country under the law of which it is incorporated) (FEI number, if applicable)		
12/26/2000	5.		
	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F		
446 California	(SEE SECTIONS 607.1501 & 607.1502 Ave SW, Suite 200, Seattle, WA 98136		
446 California	(SEE SECTIONS 607.1501 & 607.1502 Ave SW, Suite 200, Seattle, WA 98136	. F.S., to determine penalty liability)	
446 California	(SEE SECTIONS 607.1501 & 607.1502 Ave SW, Suite 200, Seattle, WA 98136 (Principal	. F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1501 & 607.1502 Ave SW, Suite 200, Seattle, WA 98136 (Principal	office address) address, if different) Box NOT acceptable)	_
	(SEE SECTIONS 607.1501 & 607.1502 Ave SW, Suite 200, Seattle, WA 98136 (Principal (Current mailing a	office address) address, if different) Box NOT acceptable)	_
Name and stree	(SEE SECTIONS 607.1501 & 607.1502 Ave SW, Suite 200, Seattle, WA 98136 (Principal (Current mailing a get address of Florida registered agent: (P.O. 1990)	office address) address, if different) Box NOT acceptable)	
Name and stree	(SEE SECTIONS 607.1501 & 607.1502 Ave SW, Suite 200, Seattle, WA 98136 (Principal (Current mailing and address of Florida registered agent: (P.O. 1888) Registered Agents Inc.	office address) address, if different) Box NOT acceptable)	_

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 Agents Inc. Bill Havre - Assistant 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.

11. 'Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
n v. Tim Wulfekuhle
4207 SW Dedland St
Seattle WA 98136
Vice President:
Address:

Secretary:
Address:
Treasurer:
Address:
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. Tim Wulfekuhle

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

NORTHWEST INVESTMENT CONSULTING, 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 12/26/2000.

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: 08/14/2018 UBI Number: 602 082 502

STATE OF WASHINGTON TO THE STATE OF THE STAT

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

Kim Wyman, Secretary of State

Kin Ulgna

Date Issued: 08/14/2018