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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	

Office Use Only

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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations
SUBJECT: Burke and Sons Enterprises, 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:
Donilo Burke Name of Person
Burke and Sons Enterprises, Inc.
1247 52nd Str. SE, Everett, WA 98203 Address
Everett, WA 98203 City/State and Zip code
hurkerandsons. olb @ anail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donilo Burke at (360) 690-5950
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee

## 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. Burke and Sons Enterprises Inc. The Genter name of corporation: must include "INCORPORATED." "COMPANY." "CORPORATION."	TI
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	TI O
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Herida)	
2. Washington State 3. 91-2024823 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. O2/15/2000 5. (Date of incorporation) (Date of duration, if other than perpetual)	
6. NONE	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 1247 52 nd Str SE, Everett, WA 98103 (Principal office address)	
SAME AS ABOVE (Current mailing address, if different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: BOGUMILA WYSOCKA	
Office Address: 9251 Lake Sevena Dr.	
Boca Roton Florida 33496 (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 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.	

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.

(Registered agent's signature)

A. DIRECTORS DONILO C. BURKE Address: Vice Chairman: Address: \_\_ Address: \_\_\_\_ Director: Address: \_\_\_\_ **B. OFFICERS** Address: 1247 52 nd Str. SE, Everett, WA 98203 ROBERT Address: 16101 Bothell-Everett Hwy /UNIT E-204 Creek, WA 98012 52 nd Str SE, Everett, WA 98203 52 nd Str. SE, Everett, WA 98203 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. DONICO C. BURKE, OWNER/CEO
(Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors:

ALC: NO.

# The State of Washington

Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

OF

### BURKE AND SONS ENTERPRISES, 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 02/15/2000.

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: 10/01/2018 UBI Number: 602 014 397



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: 10 01/2018