

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet.

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To:

Division of Corporations

Fax Number : (850) 617-6383

RECEIVED NOV 1 4 2018

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702).866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for for the annual report mailings. Enter only one email address please.*

Email Address: managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Category 5 Steel, Inc.

	7 4. A. Santanin (1. 2012) 1223 231
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT:	Category	5 Steel, Inc.	
			ition - must include suffix	·
Dear S	Sir or Madam:			
::Cartil	ficate of Existen		for Authorization to Transac Standing" and check are sub- isiness in Florida.	
Please	return all corres	spondence concerning this m	atter to the following:	
		Kati	hy Shin	
		Name	e of Person	
		InCorp S	ervices, Inc.	
		Firm/	Сотрапу	16
		3773 Howard Hugl	nes Pkwy., Suite 500S	5
			ddress	7
		Las Vegas	NV_89169-6014	S. T.
			nte and Zip code	
		documents	@incorp.com	K104. 8
		E-mail address: (to be u	sed for future annual report n	otification)
For fu	rther information	n concerning this matter, ple	aso call:	7'
Kathy	Shin for InCo	rp Services, Inc. at (86	00) 246-2677	
	Name of Pers	on Area	Code Daytime Teleph	none Number
	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection prporations 7
Enclos	sed is a check fo	r the following amount:		
s 70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing F∞. 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 REOLSTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

١.	Category 5 S	stee), Inc.			
	(Enter name of co	rporation; must include "INCORPORATED	CO	MPANY," "CORPORATION,"	
	"Inc.," "Co.," "Co	up," "Inc," "Co," or "Corp.")			
					
	(It name unavailal	ble in Florida, onter alternate corporate name	adopte	d for the purpose of transacting business in Flori	de)
2	Washington	3			
٠.	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
.1	07/16/2013	•		petual	
4.	(Date	of incorporation)		(Date of duration, if other than perpetual)	
	44/5/0049				
ħ.	11/5/2018	(Date first transacted business	n Flori	ida, if prior to registration)	
		(SEE SECTIONS 607.1501 & 607.	502, F	.S., to determine penalty liability)	
7	5120 N Mon	re Rd, Spokane Valley, WA 9921	5		
۲.,	01201111100	(Princ	ipal olĭ	ice address)	
		(Current mai	ហ្វេ មប់ប	dress, if different)	
				学 拉	8
8.	Name and stree	<u>st address</u> of Florida registered agent: (F	.O. Bo	x NOT acceptable)	9
	Name:	InCorp Services, Inc.		300	
	į viijtio,			m m	7
()	ffice Address:	17888 67th Court North		· ·	, o o
		Loxahatchee		, Florida 33470 (Zip code)	, 49
		(City)		(Zip code)	~
_				•	
L	lavina heen nam	ent's acceptance: .vd as registered agent and to accept so	vice o	f process for the above stated corporation a	t the place
1	acionated in this	application. I hereby accept the appou	tment	as registered agent and agree to act in this	capacuy. 1
fi	urther geree to o	omply with the provisions of all statute	: relati	ive to the proper and complete performance	of my
d.	uties, and I am f	familiar with and accept the obligation	oj my	position as regimered agent.	
		1/2000			
		CK(HAKTAK)		Kathy Shin on behalf of InCorp Service	es, Inc.
		(Remister	l seent	('s signature)	·1 · · -1
	4G				

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. DIREC	TORS
Chairman: _	
Address:	
Vice Chairma	n:
Address:	
_	
Director:	Çlaire Çerling-Matlen
Address:	5120 N Moore Rd
_	Spokane Valley, WA 99216
Director:	
Address:	
B. OFFICI	ers E
President: _	Claire Cerling-Matlen
Address:	5120 n Moore Rd
	Spokane Valley, WA 99216
Vice Presider	nt:
Address:	
Secretary: _	Claire Cerling-Matlen
Address:	5120 N Moore Rd, Spokane Valley, WA 99216
Treasurer _	
Address:	
NOTE: If:	necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	20 Mit
are true and	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein that he or she is aware that false information submitted in a document to the Department of State constitutes see felony as provided for in s.817.155, F.S.
13. <u>Claire</u>	Cerling-Matten, President (Typed or name and capacity of nerson signing application)
	(Toron or proposed name and capacity of person suming application)

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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

CATEGORY 5 STEEL, 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 07/16/2013.

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: 11/14/2018

UBI Number: 603 318 335



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

Kim Wyman, Secretary of State

Tun Ulyna

Date Issued: 11/14/2018