# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6363

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCACCCCCCC23 Phone : (614)280-3335 Fax Number : (954)205-0845

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

Email Address:\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION SOUTHERN ASSET MANAGEMENT COMPANY

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\$78.75

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Help

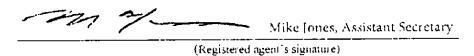
#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	SSETMANAGEMENTCOMPANY	
	orporation: must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION.
SOUTHERNAS	SSETMANAGEMENTCOMPANY, AWAS	SHINGTONCORPORATION
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida
WASHINGTONSTATE		82-2767290
(State or country	c under the law of which it is incorporated)	(FEI number, if applicable)
9/8/2017		N/A
(Date	of incorporation) 5	(Date of duration, if other than perpetual)
N/A	,	
1301 5TH AVE.,	STE 2700, SEATTLE, WA 98101	1502, F.S., to determine penalty liability) ipal office address)
	(Current mail	ing address, if different)
Name:	ct address of Florida registered agent: (P. CTCorporationSystem 1200SouthPineIslandRoad	O. Box NOT acceptable)
Office Address:	Plantation	33324
		, Florida
	(City)	(Zip code)

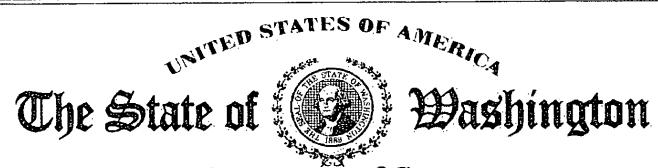
#### 9. Registered agent's acceptance:

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.



<sup>10.</sup> 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. Nam-	es and business addresses of officers and/or directors:
A. DIRE	CTORS
Chairman	DOUGLAS S. REED
Address:	1301 5TH AVE., STE 2700, SEATTLE, WA 98101
	mian:
Addiess.	
-	L. DALE SOWELL
	1301 5TH AVE., STE 2700, SEATTLE, WA 98101
Address:	
	GALEN SCHULER
Director:	
Address:	1301 STH AVE., STE 2700, SEATTLE, WA 98101
B. OFF	TICERS
President	DOUGLAS S. REED
	1301 5TH AVE., STE 2700, SEATTLE, WA 98101
Vien Hen	L. DALE SOWELL.
	NOTETH AND STEAMED SEATTLE WAS 1810.
Addivss:	130! STR AVE., 31E 2790, SEATTED, WA 4810.
	GALEN G. SCHULER
Secretary	1301 5TH AVE., STE 2700, SEATTLE, WA 98101
Address	
Treasure	
Address	
NOTE:	mecessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	C. White VI - el-
The of	Signature of Director or Officer level of Signature of Director or 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
, L.	degree felony as provided for in s.817.155, F.S. DALE SOWELL, Director
13	(Typed or printed name and capacity of person signing application)



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

### SOUTHERN ASSET MANAGEMENT COMPANY

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 09/08/2017.

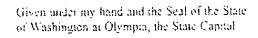
I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

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.

UBINumber: 604 165 584

Issued Date: 11/29/2018



Kun Wyman, Secretary of State

Kun Ulyna

DateIssued: 11/29/2018

