# F18000005574

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
AARON BODNER in									
BUTHORIZA INN AN THOME TO									
19/5/18									
DATE 12/5/18									

Office Use Only



400320328524

11/06/18--01017--017 \*\*78.75

TRUEC -5 PH 4: 2

BL VORISEK DEC 0 5 2018

### **COVER LETTER**

TO:	Registration Section Division of Corporations								
			C, to be registered	in Florida as	s Ebc	ro Com			
SUBJ	ECT:								
			Name	of corpora	tion	- must include suffix			
Dear S	ir or Mad	am:							
"Certi	ficate of E	xistenc	ion by Foreign C e," or "Certificat n corporation to	e of Good !	Stan	fing" and check are sub	ect Business in Florida," omitted to register the		
Please	return all	correst	ondence concern	ning this ma	iller	to the following:			
	Bodmer F			<b>-</b>		3			
				Name	of E	lorgon	<del></del>		
Eboro	SPC			1481110	017	CISON			
	·····			Firm/C	Comp	pany	<del></del>		
1100 N	E Campus	Parkwa	y Suite 200, Box 3	54625	·	•			
<del></del>				A	ddre	55	···		
Seattle	, WA 9819	5							
	·			City/Sta	te an	d Zip code			
aaron.b	oodmer@eb	oro.io							
	-		E-mail addres	s: (to be us	ed fo	or future annual report	notification)		
For fu	ther infon	nation	concerning this r	natter, plea	se ca	all:			
Aaron Bodnier			850		610-0446				
	Name of	f Perso	n	at ( Area (		Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				SS:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos			the following am	ount:					
<b>57</b> (	0.00 Filing	Fee	\$78.75 Filir Certificate		a	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy		



November 28, 2018

AARON BODMER EBORO SPC 1100 NE CAMPUS PKWY STE 200, BOX 354625 SEATTLE, WA 98195

SUBJECT: EBORO SPC

Ref. Number: W18000103029

We have received your document for EBORO SPC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 (805) 245-6000.

Letter Number: 418A00024304

Brenda L Vorisek Director

www.sunbiz.org

## BUSINESS IN FLORIDA APPLIANCE WITH SECTION 607-1503 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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.

	orporation; must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
Eboro Corp.					
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in F	lorida)		
2. WA	3.	-5113851			
(State or country April 6, 2018	y under the law of which it is incorporated)	(FEI number, if applicable)			
(Date	of incorporation)	5. (Date of duration, if other than perpetual)			
6					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502				
7. 1100 NE Campus	Parkway Suite 200, Box 354625, Seattle, WA 98	195			
ſ, <u> </u>	(Principal	office address)			
	(Current mailing a	ddress, if different)	ZS:	<b>=</b>	
Name and stree	et address of Florida registered agent: (P.O. i	Box NOT acceptable)	CAH CAH	30.8	<del></del> j
Name:	Registered Agent Solutions, Inc.	SSS SSS		. J	1
Office Address:	155 Office Plaza Dr., Suite A	-		PH	
Office Address.	Tallahassee	32301 S> _ , Florida		կ։ 2	نب
	(City)	(Zip code)	5	7	
designated in this further agree to c	ent's acceptance:  ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela familiar with and accept the obligations of n	nt as registered agent and agree to act in thative to the proper and complete performan	his capac	city. $m{I}$	
_	(Registered age	ent'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 Aaron Bodmer 12003 15th Avenue NE #302, Seattle, WA 98195 Address: \_\_\_ Vice Chairman: Address: Director: Director: \_\_\_ Address: **B. OFFICERS** Aaron Bodmer President: 12003 15th Avenue NE #302, Seattle, WA 98195 Address: \_\_\_\_ Vice President: Aaron Bodmer 12003 15th Avenue NE #302, Seattle, WA 98195 Address: Treasurer: Address: \_\_\_\_\_ 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. \_ Aaron Bodmer, President



#### CONSENT TO SERVE AS REGISTERED AGENT

18 DEC -5 PH 4: 27
SECKCIARY OF SIATE
AND AND SEEL FLORIDA

Date: 10/25/18

RE: EBORO SPC

I, Registered Agent Solutions, Inc., located at 155 Office Plaza Dr. Suite A, Tallahassee FL 32301 hereby consent to serve as Registered Agent for the above-referenced entity.

As Registered Agent it will be my responsibility to receive service of process; to forward all state and federal correspondence: and to immediately notify the Office of the Secretary of State in the event of our resignation, or of any changes in the Registered Office address.

DEBBIE PAYNE Assistant Secretary Name and Title

Signature



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** 

#### EBORO SPC

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 04/06/2018.

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:

09/21/2018

UBI Number: 604 262 168



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

Kim Wyman, Secretary of State

tim Ulyna

Date Issued: 09/21/2018