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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified CopiesCertificates of Status
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THE JAN 15 AM 10: 41 SECRETARY OF STATE ALLARASSEE, FLORIGA

BL. VORISEK JAN 1 6 ZD19

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J+H INVESTMENT CORPORATION Name of corporation - must include suffix
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:
MICHELE YOUNG
MICHELE YOUNG Name of Person
TRAVEL LEADERS Firm/Company
Firm/Company
S6// 1967H ST SW Address
Address
LYNNWOOD WA. 98036
City/State and Zip code michele. Young Ctravelleaders. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHELE YOUNG at (425) 775-1595 X1021 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Control Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee Certificate of Status □ \$78.75 Filing Fee Certified Copy

Rec'd 1/9/19

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2019

MICHELE YOUNG TRAVEL LEADERS 5611 196TH ST. SW LYNNWOOD, WA 98036

SUBJECT: J & H INVESTMENT CORPORATION

Ref. Number: W18000110562

1/10/19 DONE. SEE ATTACHED THANK YOU, Mithele Young

We have received your document for J & H INVESTMENT CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The name TRAVEL LEADERS appears to be available. If you wish to adopt and use this name as your alternate corporate name in Florida, enter the name in the appropriate blank in #1 of the application and add the required suffix.

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.

Brenda L Vorisek Director

Letter Number: 318A00026498

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.

	NVESTMENT CORPORATION		
	corporation; must include "INCORPORATED," "C	COMPANY," "CORPORATION,"	
"inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
TRAYE	EL LEADERS SEATTLE able in Florida, enter alternate corporate name adop	ORP.	noss in Florida)
			ness in Florida)
2. WASHIN	VBTON STATE 3.	_ 91 <u>-09</u> 8457 <u>4</u>	<u> </u>
(State of Count	ry under the law of which it is theorporated)	(1 Lt mintoer, it appricate	
4. 2//	8/1977 5		
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
6. <u>No7</u>	<i> </i>		
0.	(Date first transacted business in Flo		
	(SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability)	
7. 260 ROL	BIN RD, ALTAMONTE SPELL	V65, FL. 3270/	
	(Principal o	ffice address)	
5611 196	TH ST. SW, LYNNWOOD U	VA 98036	
	(Current mailing ac		
			₹
8. Name and street	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	19 11.
Nt	Aranaall kink	-	19 JAN 19 JAN ILLAHA
Name:	DEBORAH KIRK		4 15 F
Office Address:	260 ROBIN RD	_	
	NITE ACCULTE SACIALS	m : 227m/	AHIO: 42
	ALTAMONTE SPRINGS (City)	, Florida <u>32/07</u> (Zin code)	
	(Oily)	(May code)	* t
0 Pagistared as	ant's accontance		

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.

Who was I find
(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: Vice Chairman: Address: Director: Address: ___ B. OFFICERS President: KAREN HERTZOG Address: 15711 LARCH WAY LYNNWOOD WA 98087 Vice President: DEBORAH KIRK Address: 260 ROBIN RD ALTAMONTE SPRINGS FL 32701 Secretary: Treasurer: Address: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. leboral I Kerk 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. <u>DEBORAH L. KIRK - CEO</u>

(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

J & H INVESTMENT CORPORATION

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 02/18/1977.

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.

1 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: 11/27/2018 UBI Number: 600 229 393

STATE ON ASHING

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

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 11/27/2018