# 19000001107

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(ON) Station Eliph Holle II)				
PICK-UP WAIT MA	IL			
(Business Entity Name)				
(Casanosa Charly Home)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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M. MILLIGAN MAR 0 7 2019

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Relay Application Innovation, Inc.	
Name of corpor	ration - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the usiness in Florida.
Please return all correspondence concerning this r	natter to the following:
Jeff Lawton	
Nan	ne of Person
Relay Application Innovation, Inc.	
Firm	/Company
895 SE Clearwater Drive	
	Address
Pullman, WA 99163	
City/Si	tate and Zip code
jeff.l@relavapplication.com	
E-mail address: (to be t	ised for future annual report notification)
For further information concerning this matter, ple	ease call:
Jeff Lawton at (509	) 334-9138
	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle 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  \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

### 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.

١.	Relay Application Innovation, Inc.					
		orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
	(If name unavail	able in Florida, enter alternate corporate name ad	onted for the purpose of transacting h	usiness in Florida)		
2.		·	1-2015246	usiness tu i tortua;		
٠.		y under the law of which it is incorporated)	(FEI number, if applie	cable)		
4.	1/4/2000	5.				
• •		of incorporation)	(Date of duration, if other tha	n perpetual)		
6.	TBD					
	·	(Date first transacted business in I				
		(SEE SECTIONS 607.1501 & 607.150	2. F.S., to determine penalty hability)			
7.	895 SE Clearwat	er Drive, Pullman WA 99163		<del></del>		
(Principal office address)						
				2019 SE		
		(Current mailing	address, if different)	FEB T		
8.	. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	19 P ARY O VESTER		
	Name:	InCorp Services, Inc.		PH 1: 2		
O	Office Address:	17888 67th Court North		: 29		
		Loxahatchee	, Florida <u>33470</u>			
		(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.

Patricia Reyes on behalf of InCorp Services, Inc.
(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: Lawrence C. Gross Jr. Address: 620 SE Meadow Vale Drive, Pullman WA 99163 Vice Chairman: Address: \_\_\_\_\_ Director: Director: \_\_\_\_\_ Address: B. OFFICERS President: Lawrence C. Gross Jr. Address: 620 SE Meadow Vale Drive, Pullman WA 99163 Vice President: Address: Secretary: 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. Lawrence C. Gross Jr., President

## UNITED STATES OF AMERICA The State of Washington

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.

#### RELAY APPLICATION INNOVATION, INC.

1 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 01/04/2000.

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.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 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:

02/06/2019

UBI Number: 602 003 918



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: 02/06/2019