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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION
TACOMA CAPITAL, INC

Certificate of Status	1
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D SCOTT

MAY 9 2019

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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
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. TACOMA CAPITAL, INC

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. KANSAS

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 10/12/2016

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida if prior to registration.)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 N BROADWAY, SUITE 710, WICHITA, KS 67202

(Principal office address)

100 N BROADWAY, SUITE 710, WICHITA, KS 67202

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **HUBCO REGISTERED AGENT SERVICES, INC.**

Office Address: **155 OFFICE PLAZA DRIVE, 1ST FL**

TALLAHASSEE

(City)

Florida, **32301**

(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.*

(Registered agent's signature)

BRUCE B HUBBARD- PRESIDENT, HUBCO REGISTERED AGENT SERVICES, INC.

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 addresses of officers and/or directors:

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: STACIA MCKNIGHT

Address: 8616 W MYSTIC LAKES S, MAIZE, KANSAS 67101

Vice President: _____

Address: _____

Secretary: MICHAEL MCKNIGHT

Address: 8616 W MYSTIC LAKES S, MAIZE, KANSAS 67101

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
(Signature of Director or Officer listed in number 12 of the application)

13. STACIA MCKNIGHT-PRESIDENT
(Typed or printed name and capacity of person signing application)

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**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office,

Business Entity ID Number: 8451262

Entity Name: TACOMA CAPITAL, INC

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: TACOMA CAPITAL, INC

Registered Office: 100 N BROADWAY, SUITE 710, WICHITA, KS 67202

was filed in this office on October 12, 2016, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 07, 2019

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1101446 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.