

F19000002600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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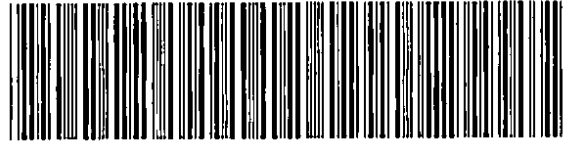
(Business Entity Name)

(Document Number)

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RECEIVED STATE  
19 MAY 31 PM 11:18

2019 MAY 31 PM 11:08  
B KINSEY  
JUN 05 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2019

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: PPM TECHINCAL SERVICES, INC.  
Ref. Number: W19000053036

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

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 (850) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 319A00010949

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
19 JUN -1, AM 10:51

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 785778 7459837

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : May 30, 2019

ORDER TIME : 9:23 AM

ORDER NO. : 785778-005

CUSTOMER NO: 7459837

FOREIGN FILINGS

NAME: PPM TECHNICAL SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: \_\_\_\_\_

80-11-10 10:11:08

**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.*

PPM Technical Services, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "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)  
Oregon 75-3199660

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
01/27/2005 Perpetual

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

1125 NW Couch St., Ste. 700 Portland, OR 97209  
7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301  
(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.*

Lydia Cohen  
Asst. Vice President

\_\_\_\_\_  
(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Laura Beane  
1125 NW Couch St., Ste. 700

Address: Portland, OR 97209

Director: Steve Krump  
1125 NW Couch St., Ste. 700

Address: Portland, OR 97209

**B. OFFICERS**

President: Laura Beane  
1125 NW Couch St., Ste. 700

Address: Portland, OR 97209

Vice President: Steve Krump  
1125 NW Couch St., Ste. 700

Address: Portland, OR 97209

Secretary: W. Benjamin Lackey  
1125 NW Couch St., Ste. 700 Portland, OR 97209

Address: Clay Coleman

Treasurer: 1125 NW Couch St., Ste. 700 Portland, OR 97209

Address: \_\_\_\_\_

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

12. \_\_\_\_\_

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. W. Benjamin Lackey SECRETARY

(Typed or printed name and capacity of person signing application)

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 638E619J4

I, BEV CLARNO, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

**PPM TECHNICAL SERVICES, INC.**

is

Incorporated

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*

A handwritten signature in cursive script, reading "Bev Clarno".

BEV CLARNO, SECRETARY OF STATE

5/22/2019