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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION

Signpost Homes, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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## APPLICATION BY FOREIGN CORPORATION FOR AUTIIORIZATION 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. Signpost Homes, Inc. (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) 35-2603128 3. \_\_\_\_ (FEI number, if applicable) (State or country under the law of which it is incorporated) 07/27/2017 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 1301 Second Ave, FL31, Seattle, WA (Principal office address) same as principal office address (Current mailing address, it different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System Name: 1200 South Pine Island Road Office Address. Plantation

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.

Cardoll Rankin, Asst. Secretary

(Registered agent's signature)

(City)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

11. Names and business addresses of officers and/or directors:

A. DIRE	CTORS			
Chairman:				
Address: _		<del></del>		
_				
Vice Chair	man:			
Address: _				
_				
	Bradley D. Owens			
Address:	1304 Second Ave, FI 31			
	Seattle WA 98101			
Director:	· · · · · · · · · · · · · · · · · · ·			
Address:		<u>-1,</u> r-r-	22	<u></u> -
			<u>.                                    </u>	· (* _
B. OFF	ICERS	3	1	·
President:	Bradley D. Owens	, , , , , , , , , , , , , , , , , , ,		: !
Address:	1301 Second Ave, FL31		<del></del>	. = 1
	Seattle, WA 98101	22:	<del>727</del> (%)	
Vice Pres	None ident			
Secretary	Bradley D. Owens			
	1301 Second Ave, F131, Seattle, WA 98101			
Treasurer	Jennifer Rock			
Address	1301 Second Ave, Fl 31, Seaule, WA 98101			
	If necessary, your pay attach an addendum to the application listing additional offi	cers and/o	r directo	rs.
12	Bul Our			
The offi	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the Director of Officer of the Director of Officer of the Director of Officer of Offic	is that the t epartment	facts stat of State	ed herein constitutes
Bra	egree felony as provided for in s.817.155, F.S. dley D. Owens, Secretary			
13.	(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

## SIGNPOST HOMES, INC.

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 07/27/2017.

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: 06/06/2019 604 150 746 UBI Number:



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

Kim Wyman, Secretary of State

Date Issued: 06/06/2019