(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 corphelp@dos.myflorida.com

Melissa Stops FROM mstops@incserv.com 850.656.7953

REQUEST DATE 7/1/2019

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) 754238

ORDER ENTITY PRIME FORAY, INC.

\$70.00 Authorized

PLEASE PERFORM THE FOLLOWING SERVICES:

PRIME FORAY, INC. (FL)

File the attached foreign qualification document

NOTES:

Email address for annual report reminders: frank@primeforay.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Page 1 of 1 Monday, July 01, 2019

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.

(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
WA	ible in Florida, enter alternate corporate name ad		
LOTATION T		(FEI number, if applica	
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)
802 Evergroon Po	(SEE SECTIONS 607.1501 & 607.150 sint Road, Ste. 200, Medina, WA 98039 (Principa	12, F.S., to determine penalty liability)	JUL - 1 PH
Name and stree	(Current mailing et address of Florida registered agent: (P.O	g address, if different) Box NOT acceptable)	PH 4: 15
Name:	Registered Agent Solutions, Inc.		
ffice Address:	155 Office Plaza Dr., Ste. A		
	Tallahassee	32301 , Florida	
	(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.

> Registered Agent Solutions, 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.

DocuSign Envelope ID: 346A5745-01E3-4E6C-B5C5-B5E1C08DBBA9

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

A. DIRE	CTORS	
Chairman	Frank Artale	
Chantshan	9617 NE 20th St. Cluda Hill. WA 98004	
Address:	8017 NE 2011 St., Clyde Hill, WA 20004	
Vice Chai	man:	
Address:		
	Frank Artale	
Director:	2617 V 201 Ct Ct LUI WA 02004	
Address:	8617 NE 20th St., Clyde Hill, WA 98004	
		75.70.00
Director:		<u> </u>
Address:		<u> </u>
		55.
		Fil. P.
B. OFF	CERS	PH H
Descident	Frank Artale	C-2.
riesidem.	8617 NE 20th St., Clyde Hill, WA 98004	D
Address:		<u></u>
5	dent:	
Vice Pres	dent:	
Address:		
	Frank Artale	
Secretary:		
Address:	8617 NE 20th St., Clyde Hill, WA 98004	
Tomorrow	Frank Artale	
Treasurer	8617 NE 20th St., Clyde Hill, WA 98004	
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional offi	icers and/or directors.
	Frank artale	
12.	psssoc3622504Signature of Director or Officer	·
The offic	er or director signing this document (and who is listed in number 11 above) affirm	is that the facts stated herein
are true a	ind that he or she is aware that false information submitted in a document to the D	epartment of State constitutes
	egree felony as provided for in s.817.155, F.S.	
13. <u>Fran</u>	(Typed or printed name and capacity of person signing application	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Clyned or printed name and capacity of person signing application	. j

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

PRIME FORAY, 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 10/24/2017.

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: 05/02/2019

UBI Number: 604 184 925



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

Kim Wyman, Secretary of State

Date Issued: 05/02/2019