Florid Synthese For State 258 ivision of Corrorations

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To:

Division of Corporations

Fax Number : (850)

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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

Email Address: managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION KELLY-HARRISON, INC.

Certificate of Status	0
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COVER LETTER

TO:	Registration Sec				<i>:</i> ,		
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		Name of	corporation	- must i	ncinge sarrix		
Dear S	Sir or Madam:						
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Please	return all correspo	ondence concerning	g this matter	to the fe	ollowing:		
			Kathy S	hin			
			Name of I	erson		-	
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			Firm/Com			<u> </u>	
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		3773 Howard	<u>a mugnes i</u> Addre		Suite 5005		
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Kathy		Services, Inc. at		_)	246-2677	1 22 1	
	Name of Persor	1	Area Code	:	Daytime Telep	hone Number	
	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations S Center Circle			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclo	sed is a check for t	the following amou	nt:				
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To: 8506176383

Page: 4/6

Date: 9/17/2019 3:10:54 PM

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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.	KELLY-HAR	RISON, INC.			
	(Enter name of co "Inc.," "Co" "Co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	siness in Florida)	
2.	Oregon	3.			
	(State or country	y under the law of which it is incorporated)	(FEI number, if applical	ble)	
1	06-16-2000	5.	Perpetual		
٠,		(Date of incorporation) (Date of duration, if other than perpetual)			
4	Upon Filing				
Ο.	Opon i mig	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.	3201 NE Wy	vnooski Rd Ste A-1, Newberg, OR	97132		
		(Princi	pal office address)		
			·		
		(Current maili	ng address, if different)		
8.	Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	2019 SEP	1943
	Name:	InCorp Services, Inc.			
^	ffice Address:	17888 67th Court North		8	
U	Hice Address.			===	• :
		Loxahatchee	, Florida <u>33470</u> (Zip code)	. ==	<i>. j</i>
		(City)	(Zip code)	MH III: 27	
9.	Registered ago	ent's acceptance:		7	
H de fu	aving been namesignated in this orther agree to c	ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes amiliar with and accept the obligations	ment as registered agent and agree to relative to the proper and complete p	o act in this capac	city. I
	_	Registered	Kathy Shin on behalf of Ind	Corp Services, I	nc.

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.

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

Chairman:			
Vice Chairman			
Address:			
Director:	Kevin Kelly		
Address:	3201 NE Wynooski Rd Ste A-1		
	Newberg, OR 97132		
Director:			
B. OFFICEI	RS		2019
President:	Kevin Kelly		
Address:	3201 NE Wynooski Rd Ste A-1		
	Newberg, OR 97132		<i>></i> >
Vice President:		1	= -2
			27
Secretary:	Kevin Kelly		
Address:	3201 NE Wynooski Rd Ste A-1, Newberg, OR 97	132	
Treasurer:	Kevin Kelly		
Address:	3201 NE Wynooski Rd Ste A-1, Newberg, OR 97	132	
NOTE: If ne	cessary, you may attach an addendum to the application listin	ng additional officers and	d/or directors.
12.	2 Heles		
/ 1	Signature of Director or Officer director signing this document (and who is listed in number		ne facts stated herein
are true and th	rairector signing this document (and who is listed in number hat he or she is aware that false information submitted in a do felony as provided for in s.847.155. F.S.		

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

13. Kevin Kelly, President

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State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 660Q493H5

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

KELLY-HARRISON, 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.

BEV CLARNO, SECRETARY OF STATE

u Clarno

9/11/2019

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