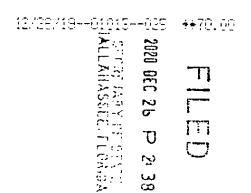
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT:	DAVIDSON & ASSOCIATE	S INSURAN	CE, I	NC.	
00.00	LC	Name o	of corporation	n - m	ust include suffix	
Dear S	Sir or M	adam:				
"Certif	ficate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to tr	of Good Star	nding	and check are subn	
Please	return :	all correspondence concerni	ng this matte	r to t	he following:	
DOTTI	IE RAN	DAZZO				
			Name of	Pers	on	
PROFE	SSION	AL LEGAL ASSISTORS, INC	·			
	•		Firm/Cor	npan	y'	
P.O. B	OX 325	3	•			
			Addr	css		
WILM	INGTO	N, DE 19804				
			City/State a	and Z	ip code	
dottie@	∮biz-usa	.com				
		E-mail address	: (to be used	for fi	uture annual report no	otification)
For fur	rther in	formation concerning this m	atter, please	call:		
DOTTIE RANDAZZO 302 999-9960 at ()						
	Name	c of Person	Area Coc	ie -	Daytime Teleph	one Number
	Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Please		check for the following amovek payable to: FLORIDA DI ng Fee	EPARTMEN g Fcc &[□ \$7	STATE 8.75 Filing Fee & crtified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	•	adopted for the purpose of transacting business in Florida)			
WASHINGTON		83-2061530			
(State or country under the law of which it is incorporated)		(FEI number, if applicable) 5(Date of duration, if other than perpetual)			
(Dat	e of incorporation)	(Date of duration, if other than perpetual)			
510 ESTHER ST		n Florida, if prior to registration) 502, F.S., to determine penalty liability) 60			
•	(Current maili	ng address, if different)			
	ct address of Florida registered agent: (P.C. PACIFIC REGISTERED AGENTS, INC.	O. Box NOT acceptable)			
Name:		FIL MIASS			
Name:	PACIFIC REGISTERED AGENTS, INC.	Florida 33411 FG 70 FT			
Name:	PACIFIC REGISTERED AGENTS, INC. 5647-110 AVENUE NORTH				
Name: ffice Address: Registered agaving been nanesignated in this orther agree to designe the content of the c	PACIFIC REGISTERED AGENTS, INC. 5647 110 AVENUE NORTH ROYAL PALM BEACH (City) ent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoints	ice of process for the above stated corporation at the ment as registered agent and agree to act in this cap relative to the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance and com			
Name: ffice Address: Registered agaving been nansignated in this rther agree to define the state of the stat	PACIFIC REGISTERED AGENTS, INC. 5647 110 AVENUE NORTH ROYAL PALM BEACH (City) ent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoints comply with the provisions of all statutes in	ice of process for the above stated corporation at the ment as registered agent and agree to act in this capelative to the proper and complete performance of			

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.

A. DIRECTORS	•					
□ Chairman	Name:	□Chairman	Name: BRYCE DAVIDSON			
□ Vice Chairman	Address: 610 ESTHER STREET	□ Vice Chairman	Address: 610 ESTHER STREET			
Director	SUITE 101	Director	SUTTE 101			
President	VANCOUVER, WA 98660	□President	VANCOUVER, WA 98660			
□Vice President		□ Vice President				
Secretary	□Treasurer	Secretary	■ Treasurer			
□Other	Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director				
□President		□President	<u> </u>			
□Vice President		□ Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	Other	□Other			
□Chai⊓nan	Name:	□ Chairman	Name:			
□ Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□ Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
□Other		□Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Elorida Department of State Annual Report form. 12						
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						

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 o 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.





Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

DAVIDSON & ASSOCIATES INSURANCE, 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 09/19/2018.

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: 12/18/2019 UBI Number: 604 332 523

ASHING:

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

Kim Wyman, Secretary of State

Kin Ulgna

Date Issued: 12/18/2019