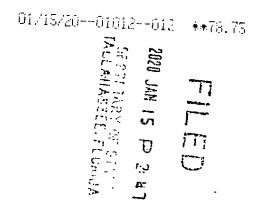
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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)	2333	
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

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MUSS IN

COVER LETTER

TO: Registration Sec Division of Cor			
SURJECT: BED	(Tree En	erprises, In	۵.
		tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	- ·	for Authorization to Transac Standing" and check are sub siness in Florida.	
Please return all corresp	ondence concerning this ma	atter to the following:	
mumt	ickay		
		of Person	
Boar Try	e Enterpris	es, Inc.	
		Company	
PO BOX	1472		
		ddress	
Clearway	ter FL 33	757	
	City/Sta	te and Zip code	
'\odya)Ha	me Planet Gu	ect Consection Consection	
	E-mail address: (to be us	sed for future annual report n	otification)
For further information	concerning this matter, plea	ase call:	
Jody Mck Name of Person	at (O Area	2) 416-06 Code Daytime Teleph	50 none Number
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a check for	the following amount:		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified 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.

BEAK IKEE ENTERPIKE	
(Enter name of corporation; must include "INCORPORATED," "	COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")	
HOME PLANET GEAR	
(If name unavailable in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)
2. Washington 3.	47-4184501
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. <u>May 20, 2015</u> 5	
_(Date of incorporation)	(Date of duration, if other than perpetual)
6. Jan 1.2010	
(Date first transacted business in Fl	•
(SEE SECTIONS 607.1501 & 607.1502	
7. 303 Eldridge St. Clear	rwater, FL 33\$55
(Principal	office address)
POBOX 1472 Clearwater	FL 33757
	nddress, if different)
	200
8. Name and street address of Florida registered agent: (P.O. I	Box NOT acceptable)
1 Jode Makau	Box NOT acceptable)
Name: Scay Mckay	
Office Address: 303 Eldridge St	_ v 🖺
Cloan Milos	Florida <u>3375</u> 5
(City)	(Zip code) 👼 💆
0. B. dat and a rank a rank	
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.

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: Raymond A. Mckau Clearworler FL 33757 Vice Chairman: Josephine H. McKay Address: Samo Director: ___ Address: Director: _______ Address: **B. OFFICERS** President: Raymond A. McKay Address: Sama Vice President: Josephino H. McKay Address: Sum 0 Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. sephine H. Mckay Vice Chairman



* 272 P



Secretary of State

1, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to the records on file in this office,

BEAR TREE ENTERPRISES, INC.

a/an WA PROFIT CORPORATION is duly authorized to transact business in the State of Washington, with an expiration date of 05/31/2020, and I certify that the following records are on file in this office:

Issued Date: 12/10/2019 UBI Number: 603 508 407

Filing	Date Filed	Effective Date
ARTICLES OF INCORPORATION	05/20/2015	
INITIAL REPORT	05/20/2015	
ANNUAL REPORT	05/11/2016	
ANNUAL REPORT	05/10/2017	
ANNUAL REPORT DUE DATE NOTICE	04/01/2018	04/01/2018
ANNUAL REPORT	04/30/2018	04/30/2018
ANNUAL REPORT DUE DATE NOTICE	04/01/2019	04/01/2019
ANNUAL REPORT	05/14/2019	05/14/2019



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

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 12/10/2019



Washington Secretary of State Corporations and Charities Division 801 Capitol Way South PO Box 40234 Olympia, WA 98504-0234 (360) 725-0377 corps@sos.wa.gov

Customer Receipt

Payment Transaction:

Work Order #: 2019120600598627

Received Date: 12/06/2019

Total Paid: \$40.00

Payment Details:

Cardholder Name / Payer Name	Payment Type	Identifying Number	Payment Date	Amount
JODY MCKAY	AMERICAN EXPRESS	1004	12/06/2019	\$40.00

Transaction Details:

Name	UBI # / Registration #	Service Type	Amount	Processing Fee
BEAR TREE ENTERPRISES, INC.	1603 508 407	RECORDS/CERTIFICATE REQUEST	\$20.00	\$20.00