F20000124/

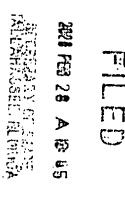
	(R	Requestor's Name)				
	(Address)						
(Address)							
	(C	City/State/Zip/Pho	ne #)				
	PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)							
(Document Number)							
Certif	fied Copies	Certificate	es of Status				
Spe	Special Instructions to Filin Officer:						
			·)				
		<					

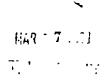




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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: P & L Moser & Sons, Inc.			
Name of c	orporation - m	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standing	g" and check are submi-	
Please return all correspondence concerning	this matter to	the following:	
Ryan Crandall			
	Name of Per	son	,
Leggett Clemons Crandall, PLLC			
	Firm/Compar	y .	
5700 Granite Parkway, Suite 950			
	Address		
Plano, Texas 75024			
C	ity/State and 2	Zip code	
Dan Moser, President djkhjzm@gmail.com			
E-mail address: (to	o be used for f	uture annual report noti	fication)
For further information concerning this matter	er, please call:		
Damon Bowman	, 214	Tode Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEPA \$70.00 Filing Fee	ARTMENT OF ee &		☐ \$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.

P & L Moser &	: Sons, Inc.			
	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORA	ATION,"	
(If name unavai	lable in Florida, enter alternate corporate name add	opted for the purpose of tran	sacting business in Florida)	
Washington 2.	3.			
(State or count	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4	5.			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6. 2/7/2020				
7 101 Steptoe Stree	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 et, Colton, WA 99113			
	(Principal office	street address)	262	
8. Name and street	et address of Florida registered agent: (P.O. E	ddress, if different) Box NOT acceptable)	FILE FIRESE	
Name:	Capitol Corporate Services, Inc.			
Office Address:	515 East Park Avenue, 2nd floor		第 5	
	Tallahassee	, Florida	سب خرن <u>-</u>	
	(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.



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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Dan Moser □Chairman Name: ______ □ Chairman 101 Steptoe Street ☐Vice Chairman Address: _______ □ Vice Chairman Address: Colton, WA 99113 □ Director Director. □ President ■ President ☐ Vice President □Vice President _____ ----Treasurer Treasurer ☐ Secretary **■** Secretary □Other ______ Other _____ □ Other _____ Name: Chairman Name: Chairman ☐ Vice Chairman Address: ____ □Vice Chairman Address: ☐ Director □ Director _____ □President □ President ☐ Vice President UVice President _ ☐Secretary □ Treasurer □ Secretary Treasurer □Other _____ Other ____ □Other _____ Name: _____ Name: _____ □ Chairman □Chairman Address: _____ □Vice Chairman □Vice Chairman Address: Director □ Director President ☐ President □ Vice President 🗇 Vice President 🔝 □Treasurer ☐ Secretary ☐ Secretary □Treasurer Other _____ Other _____ Other _____ linnortant Notice: blue an attachment to report more than six (6). The attachment will be imaged for reporting durposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Dan Moser presider-suntery

(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

P & L MOSER & SONS, 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 10/04/1976.

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: 01/13/2020

UBI Number: 601 122 689

STATE OF WASHING

Professor.

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

Kim Wyman, Secretary of State

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Date Issued: 01/13/2020