(Requestor's Name)	
(Address)	300341192293
(Address)	0000-1102200
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	93/05/2001013019 ++7
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Geffen, Mesher & Company,	P.C.			
., (, 1),,			of corporation	- musi	include suffix	
Dear S	Sir or M	adam:				
"Certif	icate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Stan	Jing" a	and check are sub-	
Please	return	all correspondence concerni	ng this matter	to the	following:	
Gloria	McVick	ter				
			Name of I	erson		
Geffen	. Meshe	r & Company, P.C.				
			Firm/Com	pany		
888 SV	V 5th A	ve. Suite 800				
			Addre	SS		
Portlar	id, OR 9	7204				
		· · · ·	City/State at	nd Zip	code	
gmevic	:ker@gi	nco.com				
		E-mail address	: (to be used f	or futu	re annual report n	otification)
For fur	ther in	formation concerning this m	•			
Gloria [,]	Name of Person at (503) 221-0141 Area Code Daytime Telephone Number					
	Name	e of Person	Area Code	-/	Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please i	make ch	check for the following amorek payable to: FLORIDA DI ng Fee	EPARTMENT g Fee &	\$78.7	TATE 5 Filing Fee & fied Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy



March 11, 2020

GLORIA MCVICKER 888 SW 5 AVE STE 800 PORTLAND, OR 97204

SUBJECT: GEFFEN, MESHER & COMPANY, P.C.

Ref. Number: W20000026302

We have received your document for GEFFEN, MESHER & COMPANY, P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 220A00005415

RECEIVED MAR 2 6 2020

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.

(If name unavaila	ble in Florida, enter alternate corporate name ad	TnC - opted for the purpose of transacting business in Flo
orea	$\frac{9}{\text{r}}$ under the law of which it is incorporated)	3-1042710
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
November 14, 19	990	
(Date	of incorporation)	(Date of duration, if other than perpetual)
March 1, 2020		
	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150)	
888 SW 5th Ave,	Stc 800, Portland, Oregon 97204	
	(Principal office	street address)
	(Current mailing	address, if different)
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	Corporation Service Company	
ffice Address:	1201 Hays Street	
	Tallahassee (City)	32301 Florida
	(City)	(7in anda)

under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: SSS SW 5th Ave, Suite 800	□Vice Chairman	Address:	
□Director	Portland, OR 97204	□Director		
■ President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
☐Chairman	Raymond Cheung	□Chairman	Name;	
□ Vice Chairman	Address: 888 SW 5th Ave, Suite 800	□Vice Chairman		
□Director	Portland, OR 97204	□Director		
□President		□President		
□Vice President		□Vice President		
DSccretary	■ Treasurer	□Secretary		□Treasurer
DOnher	Other	□Other	· 	□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
二President		□President		
□Vice President		□Vice President		
□Secretary	☐ Treasurer	☐ Secretary		□Treasurer
⊒Other	□Other	□Other		□Other
Important Notice: Undividuals may be 12.	Use arrattachment to report more than six (6). The adoled to the index when filing your Florida Depa	attachment will be imaged rtment of State Annual Re- tor or Officer	port form.	

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.

Michael A Rompa , President

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

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 101P524F2

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

GEFFEN, MESHER & COMPANY, P.C.

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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.

 $BEV\,CLARNO\,,\,SECRETARY\,OF\,STATE$

3/3/2020