

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500

Fax Number : (702)866-2689

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please Email Address: documents@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION **OBHC** Management Company Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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	•	/ R LETTER		The said of the sa
TO: Registration Secti Division of Corpo		•		. *
SUBJECT: OBHC Ma	anagement Company	/ Inc.		
	Name of corpora	ition - must inclu	ide suffix	
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign of	or "Certificate of Good	Standing" and cl	neck are submit	
Please return all correspor	ndence concerning this m	atter to the follow	ving:	
Erin Regan				
· · · · · · · · · · · · · · · · · · ·	Nam	e of Person		-
InCorp Services, Inc.				
	Firm/	Company	·······	
3773 Howard Hughes	Pkwy, Suite 500S			
		Address		
Las Vegas, NV 89169)-6014			
	City/St	ate and Zip code		
documents@incorp.co				
	E-mail address: (to be u	sed for future an	nual report noti	fication)
For further information co	ncerning this matter, ple	ase call:		
InCorp Services, Inc.	at (70	2 , 866-25	00	
Name of Person	Area		ytime Telephon	e Number
STREET/COUR Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on orations lahassee Street, Suite 810	Re Di P.	AILING ADD egistration Sectivision of Corpo O. Box 6327 allahassee, FL	ion orations
Enclosed is a check for the Please make check payable to \$70.00 Filing Fee		ENT OF STATE □ \$78.75 Fili Certified (☐ \$87.50 Filing Fee. Certificate of Status a 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.

L OBHC Mana	agement Company Inc.			
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORAT	ION,"	
OBHC Inc.				
(If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transa	cting business in Fl	orida)
2. Washington	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, i	f applicable)	
4. 12/06/2018	5			
·	of incorporation)	(Date of duration, if oth	ner than perpetual)	
6. 03/04/2020				
7. 10655 NE 4	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 th St, Ste 901, Bellevue, WA 98004 (Principal office	, F.S., to determine penalty lia	bility) 	
	(Current mailing a	iddress, if different)	<u>-</u>	
8. Name and stree Name: Office Address:	et address of Florida registered agent: (P.O. InCorp Services, Inc. 17888 67th Court North Loxahatchee	Box <u>NOT</u> acceptable)	SPEEK 149 Y OF SALLAHASSEC. FI	
	(City)	(Zip code)		<u> </u>
			80 M (41	

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.

Erin Regan on behalf of Incorp Services, Inc.
(Registered agent's signature)

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.

From: GFI FaxMaker

To: 8506176383

Page: 4/5

Date: 4/2/2020 8:47:00 AM

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A. DIRECTORS					
□Chairman	Name:	Michael Lester	_ Chairman		Warren Gouk
□Vice Chairman	Address:	10655 NE 4th St.	_ □ Vice Chairman	Address	10655 NE 4th St.
■ Director		STE 901	_ Director		STE 901
■ President		Bellevue, WA 98004	President		Bellevue, WA 98004
□Vice President			_ □Vice President		
Secretary		□Treasurer			■ Treasurer
Other		□Other	Other	<u></u>	Other
□Chairman	Name: _	Ryan Pardo	_ Chairman	Name:	
□Vice Chairman	Address:	10655 NE 4th St.	□Vice Chairman	Address	
Director		STE 901	□Director		
☐President		Bellevue, WA 98004	President		
■Vice President			_ □Vice President		
∐Secretary		Treasurer	☐ Secretary		☐ Treasurer
Other		□Other	Other		Other
□Chairman	Name: _		Chairman	Name: _	
□Vice Chaπman	Address:		_ □ Vice Chairman	Address	-
Director			Director		
□President			President		
□Vice President			_ □ Vice President		
□ Secretary		☐ Treasurer	☐ Secretary		☐ Treasurer
□Other		□Other	Other		□Other
Important Notice: individuals may be 12.	added to	the index when filing your Florida I	The attachment will be image Department of State Annual Red	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 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.

13. Ryan Pardo, Director

DEFENDE CO



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

OBHC MANAGEMENT COMPANY 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 12/06/2018.

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.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 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: 04/01/2020 UBI Number: 604 374 721



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

Kim Wyman, Secretary of State

Date Issued: 04/01/2020