(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Statu	us		
Special Instructions to Filing Officer:			
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2020

JESSE MUNSON 15806 PRESTON PLACE BURLINGTON, WA 98233 US

SUBJECT: WILLIAM E. MUNSON COMPANY INC.

Ref. Number: W20000048434

We have received your document for WILLIAM E. MUNSON COMPANY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 220A00009960

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RECEIVED

JUN 5 2020

www.sunbiz.org

COVER LETTER

TO:	D: Registration Section Division of Corporations						
SHRI	ECT: William	E. Munson Company I	nc.				
3000	LC1.	Name of	corporation	- must include suffix			
Dear S	ir or Madam:						
"Certif	icate of Existent		f Good Stan	Authorization to Transact Business in F ding" and check are submitted to registers in Florida.			
Please	return all corres	pondence concerning	g this matter	to the following:			
Jesse M	funson						
	i-		Name of	Person			
Willian	n E. Munson Com	pany Inc.					
			Firm/Com	pany	-		
15806	Preston Place						
			Addre	ess			
Burling	ton, WA 98233						
		-	City/State ar	nd Zip code	, , , , , ,		
Jessc@	MunsonBoats.con	n			20.		
		E-mail address: (to be used f	or future annual report notification)	- E		
For fur	ther information	concerning this mat	ter, please c	aII:	i.i.		
Jesse M	lunson	at	360	707-2752	-		
	Name of Perso		Area Code	Daytime Telephone Number	- 11:1:6		
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 r		the following amound to: FLORIDA DEP S78.75 Filing 1 Certificate of	ARTMENT	\$78.75 Filing Fee &	e of Status &		

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.

(Enter name of corporation; must include "INCORPORATED," "COMP. "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ANY," "CORPORATION,"						
Munson Boats Inc.							
(If name unavailable in Florida, enter alternate corporate name adopted fo	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
Washington 91166835							
(State or country under the law of which it is incorporated)	(FEI number, if applicable)						
06/01/1994 5.							
(Date of incorporation) (Date of duration, if other than perpetual)						
(Date first transacted business in Florida, i (SEE SECTIONS 607.1501 & 607.1502, F.S., to							
15806 Preston Place							
(Principal office street a	ddress)						
(Current mailing address,	if different)						
Name and street address of Florida registered agent: (P.O. Box No.	OT_acceptable)						
Name: Brad Martin							
7031 Fast Fountainhead Rd							
ffice Address:	orida 33919						
Fort Myers , Flo	orida						
(City)	(Zip code)						
Registered agent's acceptance:	C)						
aving been named as registered agent and to accept service of proc	ess for the above stated corporation at the pla						
esignated in this application, I hereby accept the appointment as re	gistered agent and agree to act in this capacit						
orther agree to comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of my position as r	the proper and complete performance of my to registered agent.						
· · · · · · · · · · · · · · · · · · ·							
	_						
_ Bud men							
(Registered agent's signature)							

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

under the law of which it is incorporated.

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

A. DIRECTORS	• •		
■ Chairman	William Munson Name:	□Chairman	Jan Munson Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Burlington, WA 98233	□Director	Burlington, WA 98233
□President		□President	
□Vice President		□Vice President	
□Secretary	☐ Treasurer	□Secretary	Treasurer
□Other	Other	Other	□Other
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □CEO	Jesse Munson Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:
□Chairman	Jon Wise Name:	□Chairman	Name:
□Vice Chairman	15806 Preston Place	□Vice Chairman	Address: 202
□Director	Burlington, WA 98233	□Director	Į.
President		□President	
□Vice President		□Vice President	7
☐Secretary	□Treasurer	☐ Secretary	☐ Treasurer 🛱
□Other	Other	Other	Other
12. The officer or direct	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department (and who is listed in number also information submitted in a document to the Department (CEO).	nt of State Annual Re Officer 11 above) affirms th	at the facts stated herein are true and that he or



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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

WILLIAM E. MUNSON COMPANY

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 08/31/1994.

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: 05/28/2020 UBI Number: 601 569 620

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

Kim Wyman, Secretary of State

Date Issued: 05/28/2020

