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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	,
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COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	FiveBy Solutions Inc.				
	Name	of corporation	- must include suffix		
Dear Sir or M	adam;				
"Certificate o	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to t	e of Good Stand	ling" and check are submi		
Please return :	all correspondence concern	ing this matter	to the following:		
Linda Lubow					
		Name of I	Person		
FiveBy Solutio	ons Inc.				
		Firm/Com	pany		
PO Box 1157					
	· · · · · · · · · · · · · · · · · · ·	Addre	SS		
Friday Harbor,	WA 98250-1157				
		City/State ar	nd Zip code		
linda@fiveby.c	com				~
	E-mail addres	s: (to be used fo	or future annual report noti	ification)	;;
For further in	formation concerning this n	natter, please ca	ull:		. 27
Linda Lubow		206 at (669-7277		<u>1</u>
Name	e of Person	Area Code	Daytime Telephor	ne Number	- 0
					<u>-</u> -
Regis Divisi The C 2415	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		
	check for the following am eck payable to: FLORIDA D ng Fee	EPARTMENT og Fee &		S87.50 Filir Certificate Certified C	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.

	orporation: must include "INCORPORATED, orp," "Inc," "Co." or "Corp.")	" "COMPANY." "CORPORATION."		
(It name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting by	winare in Ularida	
Washinatan	ŕ	35.15.40.40	isiness in Fiorida,	
<u>,</u> .	3. y under the law of which it is incorporated)	(FEI number, if applicable)		
1/18/2010		Perpetual		
	of incorporation)	(Date of duration, if other than perpetual)		
8/24/20				
, 705 5th Ave S, S		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
		ice street address)		
	(Current maili	ng address, if different)		
3. Name and <u>stree</u>	et address of Florida registered agent: (P.G	O. Box <u>NOT</u> acceptable)	5079	
Name:	Registered Agents Inc.			
Office Address:	7901 4th St N STE 300		27	
	St. Petersburg	, Florida <u>33702</u>	,	
	(City)	(Zip code)	έ. Q	
). Registered ago			57	

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.

Registered Agents Inc.
Bill Havre - Assistant Secretary
(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.

A. DIRECTORS					
□Chairman	Name: Alexander Kochis	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Seattle, WA 98144	□Director			
President		□President			
□Vice President		□Vice President	******		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	□Other	□Other		□Other	
□Chairman	Name:	□ Chairman	Namer	<u> </u>	
		□Vice Chairman			
□ Vice Chairman	Address:				
□Director		□Director			
□President		□President			
☐ Vice President		□Vice President			
□ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	□Other	□Other		□Other	
□Chairman	Name:	□ Chairman	Name:		
		□Vice Chairman			
	Address:		Address.		
□Director		□Director			
□President		□President		***************************************	
□Vice President		□ Vice President		<u>co</u> ,	
□Secretary	□Treasurer	☐ Secretary		□Treasurer ==	
□Other	Other	□Other		□Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 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.

、 Alexander Kochis, President



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

FIVEBY SOLUTIONS 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 01/18/2010.

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.

L 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:

08/20/2020

UBI Number:

602 985 583



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

Kim Wyman, Sceretary of State

un Ulgna

Date Issued, 08-20-2020.