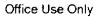
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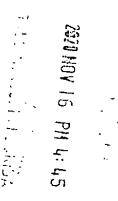
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/16/20--01029--024 **70.0





COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Concentric Advisors, Inc.							
Name of corporation - must include suffix							
Dear Sir or Madam:							
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standi	ng" and check are submitte					
Please return all correspondence concerning	this matter to	the following:					
Steve Devereux			A 3N 8252				
	Name of Pe	rson	3 -				
Concentric Advisors, Inc.							
Firm/Company							
PO Box 86							
Address			<u>ਦਾ ਹੈ।</u> ਮ				
Kirkland, WA 98083							
	City/State and	Zip code					
taxes@concentricadvisors.com							
E-mail address: (to be used for	future annual report notifi-	cation)				
For further information concerning this matt	er, please cal	1:					
Valerie Hopper	(425	406-3070					
Name of Person	Area Code	Daytime Telephone	Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corpor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amour Please make check payable to: FLORIDA DEP \$70.00 Filing Fee \$78.75 Filing Fee Certificate of \$100.00 Filing F	ARTMENT C		\$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.

Concentric Advi	isors, Inc.				
	orporation; must include "INCORPORATED orp." "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATI	ON,"		
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)		
WA	3	20-3040619			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
1/11/2011 1.	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
5.					
, 5150 Carillon Poi	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 nt Kirkland, WA 98033	in Florida, if prior to registration) 502, F.S., to determine penalty liab	pillity)- 7373 MOV		
· 	(Principal of	fice street address)	6		
PO Box 86 Kirkl	and, WA 98083				
J	(Current maili	ng address, if different)			
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.G. InCorp Services, Inc.	O. Box <u>NOT</u> acceptable)	4: 45 Jaloa		
Office Address:	17888 67th Court North				
	Loxahatchee	, Florida 33470			
	(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.

Jacke Jeffee Jackie DeFilippis 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.

A. DIRECTORS							
■Chairman Name:	oderick Jones	□ Chairman	Name:				
□Vice Chairman Address:	PO Box 86	□Vice Chairman	Address:				
□Director Kirkland,	WA 98083	□Director	 				
□President		□President					
□ Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		□Treasurer			
□ Other	□Other	Other		Other			
□ Chairman Name:	Chael LeFever PO Box 86 WA 98083 Treasurer Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Address:	NIN CZ			
□Chairman Name:		□Chairman	Name:				
□Vice Chairman Address: _		□ Vice Chairman	Address:				
□Director		□Director					
□ President		□President					
□Vice President		□Vice President					
☐ 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. Roderick Jones, Chairman							

· Walter



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

CONCENTRIC ADVISORS, INC.

ZZEU NOV 16 PH 4: 45

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 01/11/2011.

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: 10/13/2020 UBI Number: 603 077 024



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

Kim Wyman, Secretary of State

tun Ulyna

Date Issued: 10-13-2020