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SECRETARY OF STATE



COVER LETTER

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	istration Section ision of Corporations				
SUBJECT	Ben's Precision Instrument	s Inc.			
SOBSLOT		e of corporation	- must include suffix		
Dear Sir or i	Madam:				
"Certificate	d "Application by Foreign 0 of Existence," or "Certifica need foreign corporation to	te of Good Stand	ding" and check are sub		
Please return	n all correspondence concer	ning this matter	to the following:		
Rebecca Mod	ore				2021
		Name of I	Person	12.70	JAN -
Ben's Precisi	on Instruments Inc				
		Firm/Com	pany	35X	
5417 12th Street East, Suite 100				25 25 27 27	PH
		Addre	ess	FE	<u>- '#</u>
Fife, WA 98-	124			' m	ω
		City/State ar	nd Zip code		
controller@b	pimedical.com				
	E-mail addre	ess: (to be used f	or future annual report i	notification)	
For further i	nformation concerning this	matter, please ca	all:		
Rebecca Mod	ore	253 at (883-5040		
Nar	ne of Person	Area Code		hone 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		
	a check for the following ar theck payable to: FLORIDA filing Fee	DEPARTMENT ing Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate o Certified Co	f 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.

	orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name	adopted for the purpose of transacting h	usiness in Florida)		
Washington		91-1305753			
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4. 08/13/85	5.				
(Date of incorporation)		(Date of duration, if other than perpetual)			
6. 12/24/2020			S 20.		
7. 5417 12th Street	(SEE SECTIONS 607.1501 & 607.1. East, Suite 100, Fife WA 98424	n Florida, if prior to registration) 502, F.S., to determine penalty liability) ice street address)	JAN-8 PH		
	(Current mailir	ng address, if different)	F STATE		
8. Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)			
Name:	Robert Overmars				
Office Address:	1770 YAKUTAT RD				
	North Port	Florida <u>34287</u>			
	(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.

(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	Robert Overmars Name:	□Chairman	Name:	
□Vice Chairman	Address: 5417 12th Street East	□Vice Chairman	Address:	
□Director	Fife, WA 98424	Director		
President		□President		
□Vice President		□ Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		□Other
□ Chairman	Ben Overmars Jr	□ Chairman	Name:	
	Address:	□Vice Chairman	Address:	·
□Director	Fife, WA 98424	□Director		2021
□President		□President		作為 黃
■ Vice President		□Vice President		<u>ξ2</u> α
□ Secretary	□Treasurer	□ Secretary		PM 3
[]Other	Other	Other	<u>.</u>	Ome H
□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: individuals may be	Use an attachment to report more)than six (6). To added to the index when filing your Florida De	partment of State Annual Re	port form.	
12	Signature of Dir	ector or Officer	 	
The officer or dire she is aware that firs 817.155, F.S.	ector signing this document (and who is listed in alse information submitted in a document to the	number 11 above) affirms th Department of State constitu	at the facts stat ites a third degr	ted herein are true and that he or ree felony as provided for in

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

Robert Overmars, President



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

BEN'S PRECISION INSTRUMENTS, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of Washington and that its public organic record was filed in Washington and became effective on 08/13/1985. 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

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for fitting and that proceedings for administrative dissolution are not pending.

> Issued Date: 12/14/2020 UBI Number: 600 592 810

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: 12/14/2020