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(((H21000060961 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## FOREIGN PROFIT/NONPROFIT CORPORATION PALLET SPC

Certificate of Status	0
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Page Count	04
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850-617-6381 2/15/2021 11:27:57 AM PAGE 1/001 Fax Server



February 15, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: PALLET SPC INC.

REF: W21000020274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon FAX Aud. #: H21000060961 Senior Section Administrator Letter Number: 321A00003330

### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Paller SPC  Name of corporation - must include suffix					
Name of corporation	on - must include suffix				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stanbove referenced foreign corporation to transact busin	inding" and check are submitted to register the				
Please return all correspondence concerning this matte	er to the following:				
R	ob Hannon				
Name of	<del></del>				
Philer	SPC				
Firm/Con					
PO Box 77.	570 .				
Add	ress				
Spattle /	WA / 98177				
PO Box 77570.  Address  Sea He / WA / 98177  City/State and Zip code					
Roba	PulletShelter, com for future annual report notification)				
E-mail address: (to be used	for future annual report notification)				
For further information concerning this matter, please	call:				
Rob Hanne-n at (425 Name of Person Area Coo	535-4867				
Name of Person Area Coo	de Daytime Telephone 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 Tallahassec, FL 32314				
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT  \$70.00 Filing Fee \$\Bigcup \$78.75 Filing Fee & Certificate of Status	T OF STATE  \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

1	Pallet Spc		N. KOON O. NOV. N. WOOD HOU ATTICKS III				
(	Enter name of co 'Inc.," "Co.," "Co	rporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"				
	Pallet Spc Inc.						
Ċ	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
7	2. Washington 3. (State or country under the law of which it is incorporated)		82-1516722				
٠			(FEI number, if applicable)				
4.	05/25/2016		Perpetual				
**.	(Date of incorporation)		(Date of duration, if other than perpetual)				
6.	Upon Filing						
٠		(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)				
7 l	930 Merrill Cree	k Parkway, Suite A. Everett, WA 98203					
'		(Principal o	(fice street address)	<b>*</b>			
_	·	(Current mai	ling address, if different)	• 			
		(Caron mar	27 TO	ا			
8.	Name and stree	t address of Florida registered agent: (P	O. Box NOT acceptable)	「「「			
	Name:	Corporation Service Company	ing address, if different)  O. Box NOT acceptable)	ι.			
Off	fice Address:	1201 Hays Street	3				
		Tallahussee	Florida				
		(City)	(Zip code)				
Ha des fur	ving been name signated in this other agree to co	application. I hereby accept the appoint	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties, position as registered agent.				
	С	orporation Service Company					
	В	Y. Sparle P. Alexander					
By: January (Registered agent's signature)							
10.	Attached is a c	certificate of existence duly authenticate	d, not more than 90 days prior to delivery of this application to				

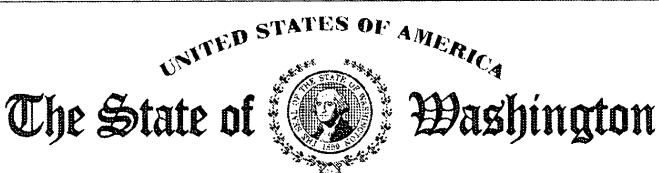
under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

A. DIRECTORS							
C)Chairman	Name: Amy King	□ Chalrman	Namo:	<u> </u>			
□Vice Chalman	Address: 13224 4th Ave NW	∐Vice Chairman	Address:	7.7			
□Director	Seattle, WA 98177	□Director					
President		□President					
□Vice President		□Vice President		<u></u>			
☐ Secretary	☐ Treasuret	Secretary		□Tressurer			
CEO CEO		□Other		□Other			
□Chairman	Name:	☐Chaiπnan	Name;				
ElVice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Sccretary	□Treasuter	☐ Sccretary		□Treasurcr			
□ Other	LIOther	□Other	<del></del>	□Other			
□ Chairman	Nume:	□Chairman	Name:	_,			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		⊡Director					
□President		□President					
☐ Vice President		□Vice President					
El Secretary	□Treasurer	□Secretary		□'t reasuror			
□Other	Other	□Qther		□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.							
13. Amy King, President / CEO							

- 3/43/4/3/



# 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** 

#### PALLET SPC

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 05/25/2016.

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: 11/24/2020 UBI Number: 603 622 031



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

King Wyman, Secretary of State

Date Issued: 11/24/2020