Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500

: (702)866-2689 Fax Number

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

Documents@incorp.com Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION

Shea Carr & Jewell, Inc.

Certificate of Status	0
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	istration Section ision of Corporations			
SUBJECT	Shea Carr & Jewell, Inc.			
SUBJECT		orporation - n	ust include suffix	
Dear Sir or	Madan:			
"Certificate	d "Application by Foreign Corpo of Existence," or "Certificate of enced foreign corporation to trans	Good Standin	g" and check are subm	Business in Florida," litted to register the
Please retur	n all correspondence concerning	this matter to	the following:	
Jackie Def	Filippis			
<u></u>		Name of Per	son	
InCorp Serv	rices, Inc.			<u>.</u>
·		Firm/Compa		
3773 How	ard Hughes Pkwy. · Suite 500	S	•	/) 
		Address		77
Las Vegas	, NV 89169-6014			137
	. (	City/State and	Zip code	
processing	g@incorp.com			
	E-mail address: (	to be used for	future annual report no	otification)
For further	information concerning this matt	er, please call	;	
ckie DeFilipp	is for InCorp Services, Inc. at	800-246	-2677 Ext. 6915	
NE	me of Person	Area Code	Daytime Teleph	one Number
Re Div Th 24	REET/COURIER ADDRESS: gistration Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 lahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is Please make \$70.00 l	a check for the following amount check payable to: FLORIDA DEP Filing Fee S78.75 Filing I Certificate of	ARTMENT O	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status a Certified Copy

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#### H21000094385 3

# 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.

Shea Carr &		203.00 AND COURT OF A TIONS OF	_
	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
			_
	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)	
Washington	3	(777)	_
	y under the law of which it is incorporated)	(FEI number, if applicable)	
05/05/2006 	5		_
	of incorporation)	(Date of duration, if other than perpetual)	
Upon Filing			_
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502)	orida, it prior to registration)  F.S., to determine penalty liability)	
8730 TALLON	LN NE, SUITE 200, Lacey, WA 98516	•	
·	(Principal office	street address)	_
	, ,		
	(Current mailing &	ddress, if different)	_
		:::	202i
. Name and stree	et address of Florida registered agent: (P.O. E	lox NOT acceptable)	HA
<b>N</b> I	InCorp Services, Inc.	(2)	20
Name:	17888 67th Court North		ç
Office Address:	17000 Of the Court North	_	7
	Loxahatchee	Florida 33470	7
	(City)	(Zip code)	U

#### 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.

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.

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

### H210000943853

A. DIRECTORS					
□Chairman	Name:	ean Carr	_	Chairman	Name: Eric Johnston
□Vice Chairman	2	203 Frederick Street	_	□Vice Chairman	Address: 4814 S. 311th Court
■Director		itellacoom, WA 98388	_	Director	Auburn, WA 98001
≅ President			_	□President	
□Vice President			_	■Vice President	
Secretary		Treasurer		□ Secretary	☐Treasurer
□ Other		Other	_	□Other	Other
□ Chairman	Name:	ammy McDonald	_	□ Chairman	Name: Lisa Hicks
☐ Vice Chairman		9919 Berkshire Loop SE	_	□Vice Chairman	Address: PO BOX 419
■Director		Olympia, WA 98513	_	Director	Littlerock, WA 98556
□President			_	□ President	
□ Vice President			_	□ Vice President	2021 HA
□ Secretary		<b>■</b> Treasurer		<b>■</b> Secretary	□Treasurer:
Other	<u>.</u>	□Other	_	Other	□Other □
					19 19 19 N
□ Chairman	Name:		_	☐ Chairman	Name:
□Vice Chairman	Address:	<u> </u>	_	□Vice Chairman	Address:
□Director			_	□Director	
□President				□President	
□Vice President	<del> </del>		<del></del>	□Vice President	
Secretary		☐Treasurer		☐ Secretary	☐ Treasurer
□ Other		□Other		□ Other	
Important Notice: individuals may be	e added to tl	te index when filing your Florida	Departmen	nt of State Annual R	ged for reporting purposes only. Non-indexed Report form.
The ACC dloo	ator et ani				that the facts stated herein are true and that he or

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 5.817.155, F.S.

13. Lisa Hicks, Secretary

-212

CELLES ...



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

#### SHEA CARR & JEWELL, 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 05/05/2006.

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: 03/08/2021 UBI Number: 602 612 261



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

Kim Wyman, Secretary of State

ten Ulgna-

Date Issued: 03/08/2021