# F210000012220

(Req	uestor's Name	)
(Add	ress)	
DbA)	ress)	
(City	/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	ame)
(Doc	cument Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to F	Filing Officer:	
		01/22
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Office Use Only



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53/2/21

### **COVER LETTER**

	tration Section on of Corporat	ions				
SUBJECT:	MHHC WARR	ANTY AND SERVICES	INC			
SUBJECT	***	Name of corporati	on - must	include suffix		
Dear Sir or M	adam:					
"Certificate of	f Existence," or	y Foreign Corporation for "Certificate of Good Stoporation to transact busi	anding" a	and check are subm	Business in Florida," itted to register the	
Please return	all corresponde	nce concerning this mat	ter to the	following:		
Diann Pruitt						
		Name	of Person		<u> </u>	
Year to Year C	Consulting, LLC					
		Firm/C	ompany			
1580 N Point I	Prairie Road					
		Ad	dress	-		
Wentzville, M	O 63385				,- <b>`</b>	
		City/Stat	e and Zip	code	•	
diana.pruitt@g						
-	E	-mail address: (to be use	d for futt	ire annual report no	otification)	
For further in	formation conc	erning this matter, pleas	e call:			•
Diann Pruitt		at (_636 Area C	) 63	639-1880		`
Nam	ne of Person	Area C	ode	Daytime Teleph	one Number	
Regi Divis The ( 2415	EET/COURIE stration Section sion of Corpora Centre of Tallal N. Monroe Str thassee, FL 32	itions hassee reet, Suite 810		MAILING AL Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	etion rporations	-
Enclosed is a Please make c	heck payable to:	following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & tified Copy	\$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.

• •	ranty and Services Inc.		
(Enter name of c "Inc.," "Co" "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name a	lopted for the purpose of transacting busing	ess in Florida)
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	e)
(Date	of incorporation) 5.	(Date of duration, if other than per	rpetual)
7. 400 W	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 \)  CONTROL AVENUE SE, Suk 200 (Principal office (Principal office (Current mailing (Current mailing Registered Agents Inc.  7901 4th St N STE 300	Dlympia, WA 9850 Street address)  Dlympia, WA 98501  address, if different)	
	St. Petersburg	, Florida 33702 (Zip code)	
	(City)	(Zip code)	, -
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi-  (Registered agent's sign	nt as registered agent and agree to ac ative to the proper and complete perfo tion as registered agent.	t in this conacity   I
10. Attached is a c	pertificate of existence duly authenticated, n	ot 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					
□Chairman	Name: Raymond E. MacKay	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Olympia, WA 98501	□Director			
□President		President	_		
□Vice President		□ Vice President			
☐ Secretary	Treasurer	Secretary		☐Treasurer	
CEO CEO	Other	Other	<u></u>	□ Other	
□ Chairman	Name: Frank J. Hawley	□Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Olympia, WA 98501	□Director			
<b>■</b> President		□President			
□ Vice President		□ Vice President	<del></del>		
☐ Secretary	☐Treasurer	□ Secretary		Treasurer	
☐ Other	Other	Other	<del></del>	Other	
□ Chairman	Name:	□ Chairman	Name		
	Address:				
	Address.	□ Vice Chairman	Address:	- ;	
□Director		□Director		· · ·	
□President		□President		•	
		□ Vice President	<del></del>		
☐ Secretary	☐Treasurer	Secretary		☐ Treasurer	
□Other	□ Other	□Other	<del></del>	□ Other	
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Man & Man & Signature of Diseases	nt of State Annual Ro	eport form.		
12. Kayn & Manly Signature of Director or Officer					
s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Department	11 above) affirms th nent of State constitu	nat the facts stated l utes a third degree t	nerein are true and that he or felony as provided for in	
Raymond F	MacKay CEO				



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** 

#### MHHC WARRANTY AND SERVICES 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 03/08/2018.

**1 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.

**1 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: 02/16/2021 UBI Number: 604 236 359

STATE OF WASHING

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

Kim Wyman, Secretary of State

tin Ulyna-

Date Issued: 02/16/2021



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2021

DIANN PRUITT 1580 N POINT PRAIRIE ROAD WENTZVILLE, MO 63385 US

SUBJECT: MHHC WARRANTY AND SERVICES INC

Ref. Number: W21000037117

We have received your document for MHHC WARRANTY AND SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin Regulatory Specialist II

Letter Number: 521A00005891

RECEIVED