100000 2776

(Requestor's Name)	
(Address)	500364
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	05/03/21
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



1908245

-01025--001 **78.75

COVER LETTER

TO:	Registration Section					
	Division of Corporations Irwin Yacht Sales, Ir					
SUBJ	ECT:	IC.				
		Name of corporation	- must include suffix			
Dear S	Bir or Madam:					
"Certi	nclosed "Application by For ficate of Existence," or "Ce referenced foreign corpora	rtificate of Good Star	iding" and check are su			
	return all correspondence of daynard	concerning this matter	r to the following:			
		Name of	Person			
lrwin '	Yacht Sales, Inc.					
		Firm/Con	npany	wa. N		
1001 E	airview Ave N #1200					
		Addr	ess	!		
Seattle	c, WA 98109					
		City/State a	nd Zip code			
matt@	irwinyachtsales.com			•		
	E-mail	address: (to be used	for future annual report	notification)		
For fu	rther information concerning	ng this matter, please of	call:			
Matt Maynard 206			632-2900			
	- M. y Mad	at (_)			
	Name of Person	Area Cod	le Daytime Tele	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, El. 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please	-	RIDA DEPARTMENT	F OF STATE \$78.75 Filing Fee & Certified 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. Irwin Yacht Sales, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 01-0646758 (FEI number, if applicable) (State or country under the law of which it is incorporated) 12/05/2-12 (Date of duration, if other than perpetual) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 3321 SE 14th Ave, Fort Lauderdale, FL 33316 (Principal office street address) 1001 Fairview Ave N., Suite 1200, Seattle, WA 98109 (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Pacific Registered Agents, Inc. Name: 5647 110th Ave. North Office Address: Royal Palm Beach (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)

Charles F. Mathias, President of Pacific Registered Agents, Inc.

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 □ Vice Chairman □ Director ■ President □ Vice President	Name:Address: Seattle,	elatt Maynard 1001 Fairview Ave N #1200 WA 98109		□Chairman □Vice Chairman □Director □President □Vice President	Address:			
Secretary		□Treasurer		□Secretary		□Treasurer		
□Other		□Other	-	□Other		□Other		
□ Director □ President	Address:	□Treasurer		□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Address:	□Treasurer □Other		
□Chairman	Name: _			□Chairman	Name:	· · · · · · · · · · · · · · · · · · ·		
□ Vice Chairman	Address:		-	□Vice Chairman	Address:	<u> </u>		
□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								

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.



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

IRWIN YACHT SALES, 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 12/05/2012.

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: 04/28/2021 UBI Number: 603 257 613 777777

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

tur Ulyna

Date Issued: 04 28 2021