	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)	_		
PICK-UP	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status	·		
Special Instructions to Filing Officer:				

Office Use Only



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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	K UP:	7/16 DANNY
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	FORE	IGN INC
1.	SUTTELL & HAMMER (CORPORATE NAME AND DOCU	R, P.S., CO).
2.	(CORPORATE NAME AND DOCU	MENT #)	
3.	(CORPORATE NAME AND DOCU	MENT#)	
1.	(CORPORATE NAME AND DOCU	MENT#)	
5. _	(CORPORATE NAME AND DOCU	MENT #)	
ó.	(COPPONATE MANEY AND PROCESS		
6. SPECIAI INSTRUG	(CORPORATE NAME AND DOCUME) L CTIONS:	MENT #)	

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.

I				
	corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
Suttell & Ham	mer, P.S., Co.			
(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transacting busi	ness in Florida)	
Washington 8		86-1077189		
	ry under the law of which it is incorporated)	(FEI number, it applicable)		
July 18, 2003	5.			
(Dat	e of incorporation)	(Date of duration, if other than perpetual)		
).				
·	(Date first transacted business in Fig. (SEE SECTIONS 607.1501 & 607.1502,			
3000 Northun W	ay, Suite 200, Bellevue, WA 98004	Thou, to determine penalty macrity,		
	(Principal office s	treet address)		
227 Bellevue W	ay NE #72, Bellevue, WA 98004	<u></u>		
	·	ldress, if different)		
			 ، و	
3. Name and stre	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	. F	
Name:	Registered Agent Solutions, Inc.	_	16	
Office Address:	155 Office Plaza Dr. Suite A		7. . I.	
	Tallahassee	, Florida 32301	77 2	
	(City)	(Zip code)	. 0,	

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.

Acceptance 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	Name:	□Chairman	Isaac Hammer Name:				
□Vice Chairman	Address: Way NE #72	⊠ Vice Chairman	Address:				
Director	Bellevue, WA 98004	■Director	Bellevue, WA 98004				
■President		□President					
□Vice President		□Vice President					
☐Secretary	■ Treasurer	Secretary	Treasurer				
□Other	□Other	□Other	Other				
□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				
□Chairman	Name:	☐ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐Treasurer	Secretary	☐Treasure:				
□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.							
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.							



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

SUTTELL & HAMMER, P.S.

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 07/18/2003.

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.

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: 07/15/2021 UBI Number: 602 312 491

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

Kim Wyman, Secretary of State

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Date Issued: 07/15/2021