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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: _ HUNTER L	easing In	C ·	
Nai	me of corporation - i	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence." or "Certification above referenced foreign corporation."	cate of Good Standin	ig" and check are sub	et Business in Florida." mitted to register the
Please return all correspondence conc	erning this matter to	the following:	
Kimberly	Name of Per	rson	· · · · · · · · · · · · · · · · · · ·
Hunter L	-casing 1	И 6.	
	Firm/Gompai	ny	
2725	Wetmore	Ave, Sui	te 200
	Address		<u> </u>
EVEV	ett, WA	98201	
E-mail add	ress: fro be used for	evleasing	· COV \ V
For further information concerning thi		·	onneadon)
,	s matter, piease can.		
Fimberly Curtisi	5 31 (425)	303-8809	
Name of Person	Area Code	303 - 88 0 § Daytime Teleph	none Number
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee		MAILING AI Registration So Division of Co P.O. Box 6327	ection rporations
2415 N. Monroe Street, Suite Tallahassee, FL 32303	810	Tallahassee, Fi	L 32314
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 Fi	DEPARTMENT OF String Fee & \$7	STATE 8.75 Filing Fee & ertified 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.
Hunter Leasing Inc.
(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)
2. Wallinaton, USA 3. 91-1485527
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/4/1990 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2_2725 Wetmore Ave, Suite 200, Everett, WA 98201
(Principal office street address)
(Current mailing address, if different)
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Dave Sullas
Office Address: 1823 Atlantic Beach DR
Attantic Beach, Florida 32233 電 8
$\frac{\text{(City)}}{\text{(Zip code)}}$
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.
Dave Shields -
(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.

A. DIRECTORS	11.		.			
□Chairman	Name: HWherly Curtiss	□Chairman	Name: James Hunter			
□ Vice Chairman	Address: 2725 Wetmore Ave,	□Vice Chairman	Address: 2725 Wetmore Av			
□Director	Suite 200_	Director	Swite 200			
President	Everett, WA 98201	□President	Everett, WA 9820			
□ Vice President		□Vice President				
□Secretary	□Treasurer	Secretary	□ Treasurer			
Other	Other	Dother BOAV	Member Dother			
□ 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:			
	Address:		Address:			
Director		Director	Address:			
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
□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. 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.						
(Typed or printed name and capacity of person signing application)						



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

HUNTER LEASING, 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 06/04/1990.

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: 07/22/2021

UBI Number: 601 249 253



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

Kim Wyman, Secretary of State

un Ulgna

Date Issued: 07/22/2021