

8/9/2021

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000300307 3)))



H210003003073ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

2021 AUG -9 PM 4:53

REGISTERED AGENTS INC.
TALLAHASSEE, FLORIDA

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

Email Address: _____

21
AUG -9 AM 9:59
FILED

FOREIGN PROFIT/NONPROFIT CORPORATION

Bay Cruise Photo, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

TZ
A10/21

**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.*

1. Bay Cruise Photo, 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. California

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 02/15/2007

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 05/12/2021

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Pier 41 Marine Terminal San Francisco CA 94133

(Principal office street address)

9450 SW Gemini Dr., BMP 43505, Beaverton OR 97008

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702

(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)

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.

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

FILED
21 AUG -9 AM 9:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐Chairman Name: Paul Laine
☐Vice Chairman Address: _____
☒Director 9450 SW GEMINI DR, BMP 4350
☒President BEAVERTON OR 97008-7105
☐Vice President _____
☒Secretary ☒Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐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. Paul Laine
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.

13. Paul Laine- DPTS
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: BAY CRUISE PHOTO, INC.
File Number: C2969732
Registration Date: 02/15/2007
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of July 25, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California
this day of July 26, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: R5WAN8Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.