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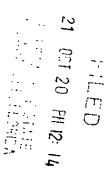
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### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CCT: I & R Campaign Managem	ent Services Inc		
.,013.,1		of corporation -	must include suffix	
Dear Si	r or Madam;			
"Certifi	closed "Application by Foreign Coate of Existence," or "Certificate ferenced foreign corporation to	te of Good Stand	ing" and check are subm	
Please r	eturn all correspondence concer	ning this matter t	o the following:	
Jonathar	ı Dyer			
	•	Name of Pe	erson	
CheckR	ight, Inc.			
	, <del></del>	Firm/Comp	any	
11818 S	E Mill Plain Blvd, Suite 202			
	<del></del>	Addres	S	-
Vancouv	ver, WA 98684			
		City/State and	l Zip code	
jon@ch	eckrightnw.com			
	E-mail addre	ss: (to be used for	r future annual report no	tification)
For furtl	her information concerning this	matter, please cal	1:	
Jonathan V. Dyerat (360)9093401Name of PersonArea CodeDayting			9093401	
	Name of Person	Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Please ma	d is a check for the following amake check payable to: FLORIDA E  O Filing Fee	DEPARTMENT Ong Fee & 🗀 :	DF 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.

1.	I & R Campaign	n Management Services Inc					
		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "CON	IPANY," "CORPORATIO	N."		
	I & R Campaign	n Management Inc					
	(If name unavails	able in Florida, enter alternate corporate name	adopted	for the purpose of transact	ing busines	s in Flo	orida)
2.	Washington, Ur	nited States3.	27-050	6960			
	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)				
4.	1/6/2015	5					
4.	(Date of incorporation)			(Date of duration, if other than perpetual)			
6.	10/11/2021	•					
O,		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15			ility)		
7	22526 E Vanetta	Ave, Newman Lake, WA 99025-9547					
۲٠,		(Principal offi	ice <u>stree</u>	<u>t</u> address)		•	
		(Current mailin	ig addres	ss, if different)			
					7. * * * * * * * * * * * * * * * * * * *	8	77
8.	Name and street	et address of Florida registered agent: (P.C	). Box	NOT acceptable)		20	=
	Name:	I & R; Ted Blaszak				) ₽	
Office Address:		6220 S Orange Blossom Trail, Ste 602, Blg	6			PH 12:	
		Orlando	, , ]	Horida <u>32809-4<b>688</b></u>	\$ <b>&gt;</b>	5	
		(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.

#### A. DIRECTORS Ted Blaszak Name: ☐ Chairman Name: \_\_\_\_\_ ☐ Chairman 22526 E Vanetta Ave Address: \_ ☐ Vice Chairman Address: ☐ Vice Chairman Newman Lake, WA 99025-9547 □ Director □Director □President ■ President □ Vice President ■ Vice President \_\_\_ □Treasurer Treasurer **□**Secretary ■ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman □Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman Address: □ Director □Director □President □President ☐ Vice President □Vice President []Treasurer □ Secretary □ Secretary □ Treasurer □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □ Chairman □Chairman Name: \_\_\_\_\_\_ Name: □Vice Chairman Address: □Vice Chairman Address: □Director □ Director □President □President □Vice President \_\_\_\_\_ □Vice President □ Treasurer □ Secretary □ Treasurer □ Secretary □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.

Edward Blaszak

. . . . . . . . . . . . .





Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### ARTICLES OF INCORPORATION

to

#### I & R CAMPAIGN MANAGEMENT SERVICES, INC.

a/an WA PROFIT CORPORATION. Charter documents are effective on the date indicated below.

Effective Date: 01/06/2015 UBI Number: 603 465 450



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: 10/18/2021