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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NW Fire Protection Associa	tes, Inc
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation" Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this n	natter to the following:
John R. Ho	olmes, Attorney
	ne of Person
MHFN	∄ Law P.S.
	/Company
1325 Fourth Av	renue, Suite 1700
	Address
Coatt	In 18/8 09101
	le, WA 98101atte and Zip code
•	@mhfmlaw.com
	ised for future annual report notification)
For further information concerning this matter, ple	ease call:
John R. Holmes at (at (26	06) 382-2426
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM \$\times 170.00\$ Filing Fee \$\times 578.75\$ Filing Fee & Certificate of Status	IENT OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.

/P			
	orporation; must include "INCORPORATED." orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	ON,"
me., co., cv	7, Inc., Co., o. Co.p., 7		
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transact	ting business in Florida)
Washingto	on 3.	81-1461227	
(State or countr	y under the law of which it is incorporated) 3.	(FEI number, if applicable)	
February	10, 2016 5.		
(Date	of incorporation)	5(Date of duration, if other than perpetual)	
October 1	·		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liab	nility)
4000 14	•	,	**
1806 Mar	gold Avenue, Sebring, FL 33875	ice street address)	
	(t tine par offi	ace server undressy	
	(Current mailir	og address, if different)	
	(Current mailir	ng address, if different)	
Name and stree			
	1 address of Florida registered agent: (P.C		. 12
Name and stree Name:			. 12
Name:	1 address of Florida registered agent: (P.C		. <u>2</u>
Name:	t address of Florida registered agent: (P.C. Michael Barclay 1806 Marigold Avenue	D. Box <u>NOT</u> acceptable)	21 CT 21
Name:	t address of Florida registered agent: (P.C.) Michael Barclay 1806 Marigold Avenue		21 (C) 21 (M
Name: ffice Address:	Michael Barclay 1806 Marigold Avenue Sebring (City)	D. Box <u>NOT</u> acceptable), Florida33875	21 for 21 fm to 5.5 fm.
Name: ffice Address: Registered age	Michael Barclay 1806 Marigold Avenue Sebring (City)	D. Box <u>NOT</u> acceptable), Florida	
Name: ffice Address: Registered ago aving been namesignated in this	Michael Barclay 1806 Marigold Avenue Sebring (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment.	D. Box NOT acceptable) , Florida33875, (Zip code) ice of process for the above statement as registered agent and ag	ted corporation at the pla gree to act in this capacity
Name: Tice Address: Registered ago aving been nam signated in this rther agree to c	Michael Barclay 1806 Marigold Avenue Sebring (City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointnomply with the provisions of all statutes r	D. Box NOT acceptable) , Florida33875, Zip code) ice of process for the above statement as registered agent and agreelative to the proper and comp.	ted corporation at the pla gree to act in this capacity
Name: ffice Address: Registered ago aving been namesignated in this arther agree to contact.	Michael Barclay 1806 Marigold Avenue Sebring (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment.	D. Box NOT acceptable) , Florida33875, Zip code) ice of process for the above statement as registered agent and agreelative to the proper and comp.	ted corporation at the pla gree to act in this capacity
Name: ffice Address: Registered ago aving been namesignated in this arther agree to contact.	Michael Barclay 1806 Marigold Avenue Sebring (City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointnomply with the provisions of all statutes r	D. Box NOT acceptable) , Florida33875, Zip code) ice of process for the above statement as registered agent and agreelative to the proper and comp.	ted corporation at the pla gree to act in this capacity
Name: ffice Address: Registered ago faving been nam esignated in this arther agree to c	Michael Barclay 1806 Marigold Avenue Sebring (City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointnomply with the provisions of all statutes r	D. Box NOT acceptable) , Florida33875, Zip code) ice of process for the above statement as registered agent and agreelative to the proper and comp.	ted corporation at the pla gree to act in this capacity

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

under the law of which it is incorporated.

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

A. DIRECTORS Michael Barclay □ Chairman Name: Name: _____ □Chairman Dvice Chairman Address: 1806 Marigold Avenue ☐ Vice Chairman Address: Sebring, FL 33875 □ Director ☑ Director □President President □Vice President □Vice President ☐ Treasurer X Treasurer □ Secretary Secretary □Other ____ □Other _____ □Other _____ □Other ____ □Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: Director □Director □President □President □Vice President _____ □ Vice President ☐ Treasurer Treasurer ☐ Secretary ☐ Secretary □Other ______ □Other _____ □Other _____ □ Other _____ □ Chairman □ Chairman Name: Name: □Vice Chairman □Vice Chairman Address: _____ Address: _____ ☐ Director ☐ Director ☐ 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. -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. Michael Barclay, President 13.



12.2



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

NW FIRE PROTECTION ASSOCIATES, 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 02/10/2016.

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.

1 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: 09/22/2021 UBI Number: 603 585 647



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

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 09/22/2021