(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
<u> </u>

Office Use Only



000379603900

30 30 20 21 Jan 20 + 10,00

FILED
2022 JAN 19 PM 4:01
SECRETARY OF STATE



COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Ellada Homes, Inc			
oobale i.	Name o	f corporation - m	ust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Standing	" and check are sub	
Please return	all correspondence concernin	g this matter to t	ne following:	
Aleksandr Der	yavko			
	·	Name of Pers	on	-
Ellada Homes,	Inc			
	1	Firm/Compan	y	
6201 NE 11th	Ste A			
		Address		<u>-</u>
Vancouver, W	A 98665			
		City/State and Z	ip code	
alex@pdxunlir				
	E-mail address:	(to be used for fi	iture annual report r	notification)
For further in	formation concerning this ma	itter, please call:		
Aleksandr Der	yavko	ut () _	903-4080	
Nam	e of Person	Area Code	Daytime Telep	hone 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	
	check for the following amor- neck payable to: FLORIDA DE ing Fee	PARTMENT OF Fee & S7	STATE 8.75 Filing Fee & ertified Copy	S87.50 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.

(16	ALL COLUMN	16.0	To the section of the
(II name unavaii	able in Florida, enter alternate corporate name ad		g business in Florida)
Washington 3. (State or country under the law of which it is incorporated)		87-4285553	
	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
01/03/2022	of incorporation) 5		
	of incorporation)	(Date of duration, if other t	han perpetual)
01/06/2022			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ty)
6201 NE 11th Ste	A, Vancouver, WA 98665		
	(Principal office	street address)	·
PO Box 764, Bat	tle Ground, WA 98604		
	(Current mailing	address, if different)	
Name: office Address:	Aleksandr Deryavko 1259 Sunset Preserve Out Charlotte + L (City)	· ·	2022 JAN 19 PM 4: 01 SECKE FARY OF STATE TALLAHASSEE, FLORIDA
laving been nam esignated in this urther agree to c	enc's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes rele with and accept the obligations of my posit	nt as registered agent and agre utive to the proper and complet	e to act in this capaci

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 Aleksandr Deryavko □Chairman Name: □ Chairman Name: PO Box 764 Address: □Vice Chairman ☐ Vice Chairman Address: ___ Battle Ground, WA 98604 □ 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 ☐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 _____ 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.

Aleksandr Deryavko

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ELLADA HOMES, 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 01/03/2022.

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:

01/06/2022

UBI Number:

604 849 084



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

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 01/06/2022