# Faa0000005

(Requestor's Name)			
(Address)			
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer.			

Office Use Only



700379992927

7.55 - 17 PH 12: 2

2022 FEB 17 PM 3:

S. HAWKES FEB \_ = 2021

## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/17/2022	_			≈WALK IN⇔
ENTITY NAME Fast +	Epp USA PS			<u>.</u>
DOCUMENT NUMBER_				
	**PLEASE FILE TH	E ATTACHED AND RETUI	RN**	
XXXXX	Plain Copy Certified Copy Certificate of Status			
¥:		OLLOWING FOR THE ABOV	IE ENTITY**	
	Certified Copy of Arts Certificate of Good Sta			
	**APOSTILLE' / N	OTARIAL CERTIFICATI	70N**	
COUNTRY OF DESTINA NUMBER OF CERTIFICA				-
TOTAL OWED \$70		5	#: 120160000072 R H/H	
Please call Tina at	the above number for	any issues or concerns.	Thank you so m	euch!

#### **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Fast + Epp USA PS			
SODJECT.	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Coof f Existence," or "Certificate ced foreign corporation to tra	of Good Standi	ng" and check are submi	Business in Florida," itted to register the
Please return	all correspondence concernit	ng this matter to	the following:	
Sharon Urban				
		Name of Po	erson	
Harbor Compl	iance			
		Firm/Comp	any	
1830 Colonial	Village Lane			<u> </u>
		Addres	s	
Laneaster, PA	17601			
		City/State and	l Zip code	
professional@	harborcompliance.com			
	E-mail address	: (to be used fo	r future annual report not	tification)
For further in	formation concerning this m	atter, please ca	11:	
Sharon Urban		717 at (	229-0387	
Nam	ie of Person	Area Code	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a Please make of \$70.00 Fil	check for the following amonek payable to: FLORIDA DI ing Fee	EPARTMENT ( g Fee &	OF STATE \$78.75 Filing Fee & Certified 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.

(Coden and one of the					
	orporation; must include "INCORPOR orp," "Inc," "Co," or "Corp,")	ATED," "COMPANY," "CORPORAT	ion,"		
Florida + Epp U	ISA Inc.				
(If name unavail	able in Florida, enter alternate corporat	e name adopted for the purpose of transa	cting business in Florida)		
Washington		3. 60-3583663	60-3583663		
(State or countr	y under the law of which it is incorpora	ated) (FEI number, i	f applicable)		
02/04/2016		5			
(Date of incorporation)		5. (Date of duration, if ot	her than perpetual)		
N/A					
-		siness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty lia	ability)		
603 Stewart Stree	et Suite 802 Scattle WA 98101				
		ipal office street address)			
	(Сигтел	nt mailing address, if different)			
	•				
Name and stree	et address of Florida registered ager				
	et address of Florida registered ager Registered Agents Inc.		;~ <u>.</u>		
Name and stree	Registered Agents Inc.				
Name:					
Name:	Registered Agents Inc.	nt: (P.O. Box <u>NOT</u> acceptable)	7.72		
Name:	Registered Agents Inc. 7901 4th St N STE 300	nt: (P.O. Box <u>NOT</u> acceptable)	$\cdot : \overline{\exists} :$		
Name:	Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)	nt: (P.O. Box <u>NOT</u> acceptable), Florida 33702	$\cdot : \overline{\exists} :$		
Name: ffice Address:	Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)	, Florida 33702 (Zip code)	7 PH 12:		
Name:  ffice Address:  Registered ag aving been names ignated in this	Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  seed as registered agent and to acceptance application, I hereby accept the agent.	. Florida 33702  . Cip code)  ot service of process for the above stappointment as registered agent and of	ated corporation at the place		
Name:  Tice Address:  Registered ag aving been nam signated in this rther agree to c	Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  ted as registered agent and to accept application, I hereby accept the appropriate the provisions of all states.	t: (P.O. Box NOT acceptable)  Florida 33702 (Zip code)  ot service of process for the above state of the proper and compositions.	ated corporation at the place		
Name:  ffice Address:  Registered ag aving been namesignated in this rther agree to c	Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  seed as registered agent and to acceptance application, I hereby accept the agent.	t: (P.O. Box NOT acceptable)  Florida 33702 (Zip code)  ot service of process for the above state of the proper and compositions.	ated corporation at the place		
Name:  ffice Address:  Registered ag aving been namesignated in this	Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  ted as registered agent and to accept application, I hereby accept the appropriate the provisions of all states.	t: (P.O. Box NOT acceptable) , Florida 33702  (Zip code)  pt service of process for the above standard the proper and compointment as registered agent and composition as registered agent.	ated corporation at the placagree to act in this capacity plete performance of my di		
Name:  ffice Address:  Registered ag laving been namesignated in this	Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  ted as registered agent and to accept application, I hereby accept the appropriate the provisions of all states.	t: (P.O. Box NOT acceptable)  Florida 33702 (Zip code)  ot service of process for the above state of the proper and compositions.	ated corporation at the placagree to act in this capacity plete performance of my di		

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]:

A. DIRECTORS				
□Chairman -	Name:	□Chairman	Name: Paul Fast	
· Uvice Chairman	Address:	□Vice Chairman	Address: 603 Stewart Street, Suite 802	
Director	Seattle, WA 98101	□Director	Scattle, WA 98101	
□President		President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	Other	Other	□Other	
□Chairman	Name:	□ Chairman	Name:	
			Address:	
	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: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	chment will be image ent of State Annual Re	ed for reporting purposes only. Non-indexed eport form.	
12. Isl Paul Fo	ast			
	Signature of Director			
The officer or dire she is aware that firs.817.155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Depar	er 11 above) affirms the timent of State constitu	hat the facts stated herein are true and that he or utes a third degree felony as provided for in	
. Paul Fast, F	5	on cianing application		



Secretary of State

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

#### CERTIFICATE OF EXISTENCE

OF

#### FAST + EPP USA PS

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 02/04/2016.

**1 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: 02/04/2022 UBI Number: 603 583 663

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

Steve R. Hobbs, Secretary of State

Date Issued: 02 04 2022

