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





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## **COVER LETTER**

-	sistration Section ision of Corporations				
SUBJECT	Pineapple Hospitality Compar	ny			
Name of corporation - must include suffix					
Dear Sir or	Madam:				
"Certificate	d "Application by Foreign Co of Existence," or "Certificate enced foreign corporation to tr	of Good Stand	ding" and check are subr		
Please return	n all correspondence concerni	ng this matter	to the following:		
Shaylene Wa	aterer				
		Name of I	Person	<u> </u>	
Pineapple Ho	ospitality Company				
		Firm/Com	pany		
155 108th A	ve NE Suite 500				
		Addre	ess		
Bellevue WA	A 98004				
		City/State ar	nd Zip code		
swaterer@sta	aypineapple.com				
	E-mail address:	to be used f	or future annual report no	otification)	
For further i	nformation concerning this ma	atter, please ca	all;		
Shaylene Wa	aterer	at (	455-5825		
Naı	me of Person	Area Code	Daytime Teleph	one 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			
	a check for the following amo check payable to: FLORIDA DE iling Fee	PARTMENT 3 Fee &	OF 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.

Pineapple Hosp	pitality Company		
	corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
STAY	PINEAPPLE HOTELS lable in Florida, enter alternate corporate name add	COMPANY	pusiness in Florida
Washington	•		
2. (State as assert	y under the law of which it is incorporated)	(FEI number, if appli	
	y under the law of witten it is meorporated)	(rei numoei, ii appii	cable)
4	5	(Date of duration, if other tha	
(Date	c of incorporation)	(Date of duration, if other tha	n perpetual)
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ı
7 155 108th Ave N	IE Suite 500 Bellevue WA 98004		
/·	(Principal office	street address)	<del></del>
	(Current mailing a	iddress, if different)	<del></del>
	(2000	,	
8. Name and stre	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	7.0 23
Name:	Registered Agent Solutions, Inc.		HAR 23 SECRETARY TALLAHASSE
Office Address:	155 Office Plaza Dr., Suite A	_	HAR 23 P
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	FLO T
9. Registered ag	ent's acceptance:		75 S
	sed as registered agent and to accept service	of process for the above stated c	orporation at the place
	application, I hereby accept the appointmen		
	omply with the provisions of all statutes rela with and accept the obligations of my positi		performance of my duties,
	wan and accept the vougunous of my posai	on as regimered agent.	
	Mackenzie St		
	Macke	enzie Hart, Asst. Secretary	
	(Registered agent's signa	<del></del>	<del>Per</del>
	(regionies agent 5 sign		

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			
□ Chairman	Name: Michelle Barnet	□ Chairman	Name:
□Vice Chairman	Address: 155 108th Ave NE, Suite 500	□Vice Chairman	Address:
Director	Bellevue WA 98004	□Director	
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	□Secretary	□Treasurer
□Other	Other	Other	□Other
□Chairman □Vice Chairman	Todd W. Boysen Name:	□Chairman □Vice Chairman	Name:
Director	Bellevue WA 98004	□Director	
□President	<del></del>	□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	<del></del>
□President		□President	
□Vice President		☐Vice President	
Secretary	Treasurer	☐ Secretary	☐Treasurer
Other	Other	Other	Other
Important Notice: I individuals may be	Jse an attachment to report more than six (6). The atta added to the index when filling your Florida Departm	achment will be image ent of State Annual Re	d for reporting purposes only. Non-indexed port form.
15.	Signature of Director	or Officer	
she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in number lise information submitted in a document to the Departure Nice President and Director		

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** 

### PINEAPPLE HOSPITALITY COMPANY

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 03/12/2013.

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.

1 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: 02/09/2022 UBI Number: 603 284 307

STATE ON ASHING TO 1889

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

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 02/09/2022