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SEURETARY OF STATE
AND AHASSEE, FLORIDA

### **COVER LETTER**

TO:		tration Sec ion of Corp					
SUBJ	ECT:	Columbia	West Properties, In	nc.			
5050			Name	of corporat	ion - mu	st include suffix	
Dear S	ir or M	adam:					
"Certif	ficate o	f Existence		of Good S	tanding'	and check are sub-	et Business in Florida," mitted to register the
Please	return	all correspo	ondence concern	ing this ma	tter to th	e following:	
Shayle	ne Wate	erer					
	-			Name	of Perso	on	
Pineap	ple Hos	pitality Con	pany				
				Firm/C	ompany	<u> </u>	
155 10	8th Ave	NE Suite 5	00				
				Ac	ldress		
Bellev	ue WA	98004					
				City/Stat	e and Zi	p code	
swater	er@stay	pineapple.co					
			E-mail addres	s: (to be use	d for fu	ture annual report n	otification)
For fur	rther in	formation o	concerning this n	natter, pleas	se call:		
Shayle	ne Wate	егег		at (	, 4	55-5825	
	Nam	e of Person		Area C	code	Daytime Telepl	none 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				
Please	make ch		he following am to: <b>FLORIDA D</b> \$78.75 Filir Certificate	EPARTME	□ \$78	STATE .75 Filing Fee & rtified 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.

(If name unavailable in Florida, enter ahernate corporate name adopted for the purpose of transacting business in Florida)  Washington  3. (FEI number, if applicable)  (If name unavailable in Florida, enter ahernate corporate name adopted for the purpose of transacting business in Florida)  Washington  3. (FEI number, if applicable)  (If name unavailable in Florida, enter ahernate corporated)  (FEI number, if applicable)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)  Name:  Registered Agent Solutions, Inc.  Office Address:  Tallahassee  (City)  Registered agent and to accept service of process for the above stated corporation at the plan designated in this application, I hereby accept the appointment as registered agent and capte to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my durand I am familiar with and accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary  (Registered agent's signature)	l. Columbia West	Properties, Inc.			
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different address)  (Current mailing address, if different address)  (Current mailing address, if different add			"COMPANY," "CORPORATION,"		
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)  Name:  Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)  (Cit	(If name unavaile	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting bu	usiness in Florida)	
(State or country under the law of which it is incorporated)  (PEI number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  Name:  Registered Agent Solutions, Inc.  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (FEI number, if applicable)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Current mailing address)  (Current mailing address, if different)  (Current mailing address, if different)  (City Box NOT acceptable)  (City Box NOT acceptable)  (City City)  (City)	Washington	3.			
(Date of incorporation)  (Date of duration, if other than perpetual)  (City )	(State or countr	y under the law of which it is incorporated)	(FEI number, if applic	able)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  155 108th Ave NE Suite 500 Bellevue WA 98004  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  , Florida  (City)  Registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dind I am familiar with and accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary	11/7/1988	5.			
(Current mailing address, if different)  (Current mailing address.  (C	(Date	of incorporation)	(Date of duration, if other than perpetual)		
(Current mailing address, if different)  (Current mailing address.  (Current mailing	·			<del></del> _	
(Current mailing address, if different)  (Current mailing address, if different address if different addr		(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)	Florida, if prior to registration)  2, F.S., to determine penalty liability)		
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)  Registered agent's acceptance:  Idving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity arther agree to comply with the provisions of all statutes relative to the proper and complete performance of my divided in the statute of the address of the advance of the advance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the statute of the proper and complete performance of my divided in the province of the proper and complete performance of my divided in the province of the proper and complete performance of my divided in the province of the proper and complete performance of my divided in the province of the proper and complete performance of my divided in the proper and complete performance of my divided in the province of the p	155 108th Ave N				
Name:  Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my defined in the proper and accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary	*		street address)	<del></del>	
Name:  Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my defined I am familiar with and accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary					
Name:    155 Office Plaza Dr., Suite A		(Current mailing	address, if different)		
Name:    155 Office Plaza Dr., Suite A				SECONDALIA	
Name:    155 Office Plaza Dr., Suite A	. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	MAR MAR AHA	
Office Address:    Tallahassee	Name:	Registered Agent Solutions, Inc.		S≧ <b>ν</b> :	
Tallahassee  (City)  Registered agent's acceptance:  Iaving been named as registered agent and to accept service of process for the above stated corporation at the places of this application, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my do not I am familiar with and accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary	Mina Address:	155 Office Plaza Dr., Suite A	<del></del>	mmi m =	
(City) (Zip code)  Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the plantesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete performance of my did I am familiar with and accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary	Affice Againess:	O. 11.1		-m - 1	
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Mackenzie Hart, Asst. Secretary	laving been nam esignated in this urther agree to c	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel	nt as registered agent and agree to ative to the proper and complete p	o act in this capacity. I	
			rougis Hout Asst County		
(				-	
0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicatio			·		

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

<sup>11.</sup> 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:	
□Vice Chairman	Address: 155 108th Ave NE, Suite 500	□Vice Chairman	Address:	
Director	Bellevue WA 98004	□Director		
President		□President		
□Vice President		□Vice President		
Secretary	<b>■</b> Treasurer	☐ Secretary		□Treasurer
Other		Other		□Other
□ Chairman □ Vice Chairman ■ Director □ President ■ Vice President □ Secretary □ Other	Todd W. Boysen  155 108th Ave NE, Suite 500  Address: Bellevue WA 98004  Treasurer  Clother	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Address:	☐Treasurer
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	<del></del>
□Director	<del></del>	□Director	-	
□President		☐ President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		☐Treasurer
Other	Other	□Other		□Other
The officer or direct she is aware that far s.817.155, F.S.	Jse an attachment to report more than six (6). The added to the index when filing your Florida Departure of Direct Signature of Direct stor signing this document (and who is listed in nurslise information submitted in a document to the Departure of Direct or Signature of Dir	or or Officer  There is above affirms the	port form.	ed herein are true and that he or



# 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

### COLUMBIA WEST PROPERTIES, 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 11/07/1988.

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.

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: 01/20/2022 UBI Number: 601 128 008

STATE ON WASHINGTON 1889 NOT

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

tu R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 01/20/2022