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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

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Email	Address:			· · · · · · · · · · · · · · · · · · ·		
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## FOREIGN PROFIT/NONPROFIT CORPORATION

Association Services of Washington, Inc.

Certificate of Status	0
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MAR 3 0 2022

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## 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.

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCOR Corp," "Inc," "Co," or "Corp.")	PORATED," "COMPANY,"	"CORPORATION,"		
(If name unavai	lable in Florida, enter alternate con	portie rumo adortad Cardon			
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.  Washington  (State or country under the law of which it is incorporated)  (FEI number, if applicable)					
(State or count	ry under the law of which it is inco	3. 21-1330203 (morated)	1131211		
06/30/1086		s postatedy	(PEI number, if applic	able)	
(Date	(Date of incorporation)		5. (Date of duration, if other than perpetual)		
	(Date first transacte (SEE SECTIONS 607 15	d business in Florida, if prior t 01 & 607.1502, F.S., to determ	o registration)		
1200 South Pine	Island Road, Plantation FL 33324		the penanty natinity)		
*		rincipal office street address)			
5601 6th Ave S.	- Suite 400, Seattle WA 98108	•			
· · · · · · · · · · · · · · · · · · ·	(Cu	arrent mailing address, if differ	ent)	. 2	
				2022 MAR 30 See Lina	~
. Name and stree	et address of Florida registered a	agent: (P.O. Box <u>NOT</u> acce	eptable)		e taga Amada
Name:	C T Corporation System			30 HA	F362
ritice Address:	1200 South Pine Island Road			R30 PM (	; i
	Plantation	FL 33	324	<u>- : </u>	٠
	(City)		Zip code)	50 146	
Registered age	nt's acceptance:	·	,,		
aving been name signated in this orther agree to co	ed as registered agent and to ac application, I hereby accept the amply with the provisions of all with and accept the obligation:	e appointment as registered statutes relative to the proj	l agent and agree to per and complete ne	active this announ	A.
	C T Corporation System		Christine Kelm		
15	By:	Chimathi Kall	Assistant Secretary		
	(Registere	d agent's signature)			

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.

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

From, Lexus Wing

A. DIRECTORS	·	•	
Chairman	Name: Shannon Kavanaugh	□ Chairman	Name:
□Vice Chairman	Address: Seattle WA 98108	□Vice Chairman	5601 6th Ave S - Suite 400, Address: Seattle WA98108
<b>⊘</b> Director		<b>Director</b>	
☑President	<del></del>	□President	
□Vice President		□Vice President	
	Treasurer	☐ Secretary	☐Treasurer
☐ Other	Other	☑Other CFO	Other
□ Chairman	Name:	Chairman	Name: Susan Brown
	Address: Seattle WA 98108	□Vice Chairman	Address: Seattle WA 98108
☑ Director -		☑Director	
☐ President		□ President .	
□Vice President		□Vice President	
☐ Secretary	☐Treasurer	□ Secretary	□Treasurer
Other	∐Other	Other	□Other
□Chaimian	Setve Stogner Name:	□Chairman ·	Name:
□Vice Chairman	Address: 5601 6th Ave S Suite 400, Seattle WA 98108	· DVice Chairman	Address:
☑ Director	Scattle WA 70100	□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 attachment to report more than six (6). The attachment to the index when filing your Florida Department of Machine Signature of Director of	ent of State Annual R	ed for reporting purposes only. Non-indexed eport form.
The officer or dire she is aware that fire s.817.155, F.S.	ctor signing this document (and who is listed in numberalse information submitted in a document to the Depart	er 11 above) affirms t	hat the facts stated herein are true and that he or utes a third degree felony as provided for in
•	Kellar-Hertan, Director/CFO		

(Typed or printed name and capacity of person signing application)

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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** 

## ASSOCIATION SERVICES OF WASHINGTON, INC.

1 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 06/30/1986.

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: 03/29/2022 UBI Number: 601 015 674



MALIEURE -

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

Ather R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 03/29/2022