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T. LEMIEUX 0CT - 7 2022

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: MAE	INVESTMENTS, INC.		
	Name of	corporation -	must include suffix
Dear Sir or Madam	:		
"Certificate of Exis		f Good Stand	authorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.
Please return all cor	rrespondence concerning	g this matter t	o the following:
Matthew Jensen			
		Name of P	erson
MAE Investments, In	ne		
	· -	Firm/Comp	any
3542 P Street			
		Addres	S
Washougal, WA 986	571		
		City/State an	d Zip code
maeinvests@gmail.co			
	E-mail address: (to be used fo	r future annual report notification)
For further informa	tion concerning this mat	ter, please ca	H;
Matthew Jensen	21	360	³ 216-3555
Name of P	erson	Area Code) 216-3555 Daytime Telephone Number
Registration Division of The Centre 2415 N. Mo	COURIER ADDRESS: n Section Corporations of Tallahassec onroe Street, Suite 810 e, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	for the following amoung the following the following amount the following the f	PARTMENT (DF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

MAE INVESTM				
(Enter name of co	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION."		
(If name unavails	ible in Florida, enter alternate corporate na	ame adopted for the purpose of transacting busin	ess in Florida)	
wa		3 47-4358060		
(State or country	y under the law of which it is incorporated	3. 47-4358060 (FEI number, if applicable	:)	
06/24/2015 4.		5		
(Date	of incorporation)	5. (Date of duration, if other than per	rpetual)	
5				
	(Date first transacted busine	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)		
	(cristing) for the total contract of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	ugal, WA 98671 (Principa	l office street address)		
	(, , , , , , , , , , , , , , , , , , ,			
	tCurrent n	nailing address, if different)		
8. Name and street	address of Florida registered agent:	(P.O. Box NOT acceptable)		
MYL		A. HOOVER P.A.	**	202
Name!	11 Island Ave, #406			2022 OCT -6 PM
Office Address:			;	<u>-</u>
	Miami Beach	, Florida 33139 (Zip code)	:	9
	(City)	(Zip code)	****	P)
	(0)	(
) Degistered ago	, •	(4.5	7. 10. sp. s	
Having been nam	ent's acceptance: and as revistered upent and to accept s	service of process for the above stated corp.	oration at the place	<u> </u>
Having been nam designated in this	ent's acceptance: ied as registered agent and to accept s application, I hereby accept the appo	service of process for the above stated corpo ointment as registered agent and agree to a	ct in this capacity	ce 75.
Having been nam designated in this further agree to c	ent's acceptance: led as registered agent and to accept so application, I hereby accept the appl omply with the provisions of all statu	service of process for the above stated corpo ointment as registered agent and agree to a stes relative to the proper and complete perf	ct in this capacity	ce 75.
Having been nam designated in this further agree to c	ent's acceptance: ied as registered agent and to accept s application, I hereby accept the appo	service of process for the above stated corpo ointment as registered agent and agree to a stes relative to the proper and complete perf	ct in this capacity	ce 75.
Having been nam designated in this further agree to c	ent's acceptance: led as registered agent and to accept so application, I hereby accept the appl omply with the provisions of all statu	service of process for the above stated corpo ointment as registered agent and agree to a stes relative to the proper and complete perf	ct in this capacity	E. 70
Having been nam designated in this further agree to c	ent's acceptance: led as registered agent and to accept so application, I hereby accept the appl omply with the provisions of all statu	service of process for the above stated corpo ointment as registered agent and agree to a stes relative to the proper and complete perf	ct in this capacity	E. 70
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept seed as registered agent and to accept seed application, I hereby accept the applications of all statues with and accept the obligations of me	service of process for the above stated corports of the contract of the proper and complete perfusion as registered agent.	ct in this capacity	E. F.
Having been nam designated in this further agree to c	ent's acceptance: led as registered agent and to accept so application, I hereby accept the appl omply with the provisions of all statu	service of process for the above stated corporation of the control of the state of	ct in this capacity	ee 75.

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.

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

A. DIRECTORS							
■Chairman	Matthew Jensen Name:	□Chairman	Name:				
□Vice Chairman	Address: 3542 P ST	□Vice Chairman	Address:				
□Director	Washougal, WA	□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	□Sceretary		□Treasurer			
□Other	Other	□Other		Other			
□Chairman	Name:	□Chai r man	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	☐ Ticasurer	□Sceretary		□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	hment will be image nt of State Annual Re	d for reporting pu port form.	rposes only. Non-indexed			
12.	Signature of Director or	Si dent					
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.							
13. <u>Ma</u>	Typed or printed name and capacity of perso	n signing application	<u>†</u>				

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

MAE INVESTMENTS, 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 06/11/2015.

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:

10/04/2022

UBI Number:

603 514 536



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: 10/04/2022