## F22000007594

	(Requestor's Name)	
	(Address)	
<del> </del>	(Address)	
	(City/State/Zip/Phone #)	
	, , , ,	
PICK-UP	wait	MAIL
*	(Business Entity Name)	
	(Document Number)	
Dertified Copies	Certificates of Status	
	- Filips Officer	
Special Instructions to	o Filing Officer.	
L		

Office Use Only

. . . .



10 10 00 - 1000 600 4410.00

2022 DEC 14 AM 9: 26

AND AND EILED

\_\_\_

RECEIVED

OEC 1 4 2022

K. Brumbley

### COVER LETTER\* \*

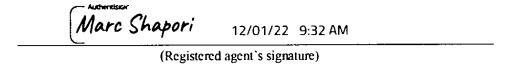
TO:	Registration Section Division of Corporations			
SUBJI	ECT: SHAPTOWN PROFESSIONA	L SERVICES	CORPORATION	
0000		corporation -	must include suffix	
Dear Si	r or Madam:			
"Certifi	closed "Application by Foreign Corp cate of Existence," or "Certificate of eferenced foreign corporation to trans	f Good Standi	ng" and check are subm	: Business in Florida," nitted to register the
Please 1	return all correspondence concerning	g this matter to	the following:	
Marc Sh	napori			
		Name of Po	erson	
SHAPT	OWN PROFESSIONAL SERVICES C	ORPORATIO!	V	
		Firm/Comp	any	
760 Euc	elid Ave. No. 103			
		Addres	S	
Miami E	Beach, Florida 33139			
		City/State and	l Zip code	
marc@r	narcshapori.com			
	E-mail address:	(to be used for	future annual report no	otification)
For furt	ther information concerning this mat	ter, please cal	1:	
Marc Sh	napori a	509 t (	999-2326	
	Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please n	ed is a check for the following amounake check payable to: FLORIDA DEF 00 Filing Fee	PARTMENT OF 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.

	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	N,"
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting	ng business in Florida)
Washington Sta	ite. Spokane county	UBI 604 206 471, EIN 82 4034265	5, ESD 818766 00 2
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
+(Date	e of incorporation) 5.	(Date of duration, if other	than perpetual)
	(SEE SECTIONS 607 1501 & 607 1	502 F.S. to determine menalty liabil	ity)
	No. 103 Miami Beach, Florida 33139 (Principal off	502, F.S., to determine penalty liabilice street address)	ity)
	No. 103 Miami Beach, Florida 33139  (Principal off No. 103 Miami Beach, Florida 33139		2022
760 Euclid Ave.	No. 103 Miami Beach, Florida 33139  (Principal off No. 103 Miami Beach, Florida 33139	ice <u>street</u> address)  ng address, if different)	2022 DEC 1 4
760 Euclid Ave.  3. Name and stre  Name:	No. 103 Miami Beach, Florida 33139  (Principal off No. 103 Miami Beach, Florida 33139  (Current mailing)  et address of Florida registered agent: (P.C.)	ice <u>street</u> address)  ng address, if different)	2022 DEC 14 AM 9:
760 Euclid Ave.  8. Name and stre	No. 103 Miami Beach, Florida 33139  (Principal off No. 103 Miami Beach, Florida 33139  (Current mailing et address of Florida registered agent: (P.C.  Marc Shapori  760 Euclid Ave. No. 103	ice <u>street</u> address)  ng address, if different)	2022 DEC 14 AH

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



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.

☐Chairman	Name: Marc Shapori	_ □Chairman	Name:
□Vice Chairman	Address: 760 Euclid Ave. No. 103	□ Vice Chairman	Address: 760 Euclid Ave. No. 103
□Director	Miami Beach, Florida 33139	_ Director	Miami Beach, Florida 33139
President		_ □President	
□Vice President		■ Vice President	
☐Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	□Other	□Other	Other
□Chairnwn	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		ΠD;	
□President		□President	
□Vice President		□ Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
□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
individuals may be	Use an attachment to report more than six (6). The state of the index when filing your Florida Description of the state of	epartment of State Annual Re AM	

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.

Marc Shapori

# 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 EXISTE! CE

OF

#### SHAPTOWI PROFESSIOI AL SERVICES CORPORATIOI

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 01/01/2018.

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: 12/12/2022 UBI Number: 604 206 471

R Hobbie



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

Steve R. Hobbs, Secretary of State

Date Issued: 12/12/2022