# F23000003521

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SECUCIMAY OF STATE
TALL MIASSEE BY

## **COVER LETTER**

TO:		ration Section on of Corporations					
SUBJ	ECT: Grizzly Industrial, Inc.						
Name of corporation - must include suffix							
Dear S	ir or Ma	adam:					
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.							
Please	return a	ill correspondence concerni	ing this matter to	the following:			
	sica						
			Name of Pe	"Son			
Griz	zly lı	ndustrial, Inc.					
		<del></del>	Firm/Compa	ny			
182	1 Va	lencia Street					
			Address				
Bell	ingha	am, WA 98229					
			City/State and	Zip code			
jessi	icad@	grizzly.com					
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Jess	sica l	Holz	at (360	684-1914			
	Name	of Person	Area Code	Daytime Telephone Number			
	Regist Division The Co 2415 N	ET/COURIER ADDRES ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			

☐ \$78.75 Filing Fee &

□ \$87.50 Filing Fee.

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$78.75 Filing Fee &

## 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.

E Grizzly Industrial, Inc.						
	orporation: must include "INCORPORATED. orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION."				
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)			
<sub>2.</sub> Washingt	on 3.	91-13878526				
(State or country 4/1/83	y under the law of which it is incorporated)  5.	(FEI number, if applicab				
· · ·	of incorporation)	(Date of duration, if other than perpetual)				
6. 6/19/23						
	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	· ·			
<sub>7.</sub> 1821 Valer	ncia Street, Bellingham, WA	98229				
	(Principal off	ice <u>street</u> address)				
	/C	ng address, if different)				
	(Current mann	ig address, if different)				
8. Name and stree	<u>t address</u> of Florida registered agent: (P.C	D. Box NOT acceptable)				
Name:	Registered Agents Inc					
Office Address:	7901 4th St N STE 300	<del></del>				
	St. Petersburg	Florida $\frac{33702}{(Zip code)}$				
	(City)	(Zip code)	.o. 12			
	ed as registered agent and to accept servi					
further agree to co	application, I hereby accept the appointromply with the provisions of all statutes rewith and accept the obligations of my po	elative to the proper and complete per	formanice opmy duties,			
Ĭ,	David Schoents		2:41 STATE E.FIL			
	(Registered agent's s	ignature)				

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: Shiraz Balolia	□Chairman	Name: Shabir Balolia				
□ Vice Chairman	Address: 1821 Valencia Street	□Vice Chairman	Address: 1821 Valencia Street				
Director	Bellingham, WA 98229	☐ Director	Bellingham, WA 98229				
□President		□President					
□Vice President		□Vice President					
☐Secretary	□Treasurer	☐ Secretary	□Treasurer				
ZOther CEO	Other	ZOther COO	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				
□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				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12.  Signature of Director or Officer							

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.



1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

#### GRIZZLY INDUSTRIAL, 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 04/01/1983.

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: 05/25/2023 UBI Number: 600 487 982

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

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Steve R. Hobbs, Secretary of State

Date Issued: 05/25/2023