# F23000003848

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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Office Use Only



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SECRETARY OF STATE

### **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |
|--|--|--|--|
| SUBJECT: Mortgage Window Inc   |  |  |  |
| Name of corporation  | on - must include suffix   |  |  |
| Dear Sir or Madam:   |  |  |  |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standard Technology (Certificate of Good Standard Technology) above referenced foreign corporation to transact busing | anding" and check are submitted to register the  |  |  |
| Please return all correspondence concerning this matt  | er to the following:   |  |  |
| Anton Jensen   |  |  |  |
| Name o   | f Person   |  |  |
| Mortgage Window Inc  | · _  |  |  |
| Firm/Co  | mpany  |  |  |
| 3112 NW Lakeridge Dr   |  |  |  |
| Add  | lress  |  |  |
| Vancouver, WA 98685  |  |  |  |
| City/State   | and Zip code   |  |  |
| mortgagewindowinc@gmail.com  |  |  |  |
| E-mail address: (to be used  | for future annual report notification)   |  |  |
| For further information concerning this matter, please   | call:  |  |  |
| Anton Jensen 360   | de Daytime Telephone Number  |  |  |
| Name of Person Area Co   | de Daytime Telephone 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 |  |  |
| Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMEN  \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status  | TOF STATE  \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy    |  |  |



STEEL STATE



## 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** 

#### MORTGAGE WINDOW 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 04/04/2023.

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.

1 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: 04/05/2023 UBI Number: 605 175 414

STATE OF WASHING

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: 04/05/2023

## 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.

| Mortgage Window  (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)  (PEI number, if applicable)  (O4/04/2023  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (O2 (Date of duration, if other than perpetual)  not yet  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3112 NW Lakeridge Dr., Vancouver, WA 98685  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Dina Donets  2109 Lake Dr.  Jacksonville  , Florida  (City)  Registered agent's acceptance:  Jacksonville  , Florida 32246  (City)  Registered agent's acceptance:  Javing been named as registered agent and to accept service of process for the above stated corporation at the placety and this application, I hereby accept the appointment as registered agent and agree to act, with the provisions of all statutes relative to the proper and complete performance are my and 1 am familiar with and accept the obligations of my position as registered agent.  Diagramum and 1 am familiar with and accept the obligations of my position as registered agent.  | •  | corporation; must include "INCORPORAT  | ED," "COMPANY," "CORPORATION,"                                 |  |  |
|--|--|--|--|--|--|
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  Washington  3. 92-3324631  (FEI number, if applicable)  04/04/2023  5. perpetuity  (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)  3112 NW Lakeridge Dr., Vancouver, WA 98685  (Principal office street address)  (Current mailing address, if different)  Name:  Dina Donets  Office Address:  2109 Lake Dr.  Jacksonville  (City)  Torida  (City)  Registered agent and to accept service of process for the above stated corporation are places in this application, I hereby accept the appointment as registered agent and agree to acquire this capacity further agree to comply with the provisions of all statutes relative to the proper and complete per formance and all am familiar with and accept the obligations of my position as registered agent.  (City)  ( | "Inc.," "Co.," "C  | 'orp," "Inc," "Co," or "Corp.")  |  |  |  |
| Washington  (State or country under the law of which it is incorporated)  (PEI number, if applicable)  (Odate 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)  3112 NW Lakeridge Dr., Vancouver, WA 98685  (Principal office street address)  (Current mailing address, if different)  Name:  Dina Donets  Office Address:  Jacksonville  (City)  (City)  Registered agent's acceptance:  Javing been named as registered agent and to accept service of process for the above stated corporation at the places in this application, I hereby accept the appointment as registered agent and agree to accinithis capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.  | Mortgage Wind  | ow   |  |  |  |
| (State or country under the law of which it is incorporated)  04/04/2023  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability)  3112 NW Lakeridge Dr., Vancouver, WA 98685  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Dina Donets  2109 Lake Dr.  Jacksonville  (City)  (City)  Registered agent's acceptance:  Iaving been named as registered agent and to accept service of process for the above stated corporation arise places in this application, I hereby accept the appointment as registered agent and agree to accinethis capacing and I am familiar with and accept the obligations of my position as registered agent.   | (If name unavail   | able in Florida, enter alternate corporate na  | me adopted for the purpose of transacting business in Florida) |  |  |
| (State or country under the law of which it is incorporated)  04/04/2023  5. perpetuity  (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)  3112 NW Lakeridge Dr., Vancouver, WA 98685  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Dina Donets  2109 Lake Dr.  Jacksonville  (City)  (City)  Registered agent's acceptance:  [Aving been named as registered agent and to accept service of process for the above stated corporation arrae places in this application, I hereby accept the appointment as registered agent and agree to acquire this capacity under agree to comply with the provisions of all statutes relative to the proper and complete performance and a statutes relative to the proper and complete performance and and I am familiar with and accept the obligations of my position as registered agent.  |  |  |  |  |  |
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| (Date of incorporation)  (Date of duration, if other than perpetual)  not yet  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3112 NW Lakeridge Dr., Vancouver, WA 98685  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Dina Donets  ffice Address:  2109 Lake Dr.  Jacksonville  Jacksonville  (City)  Registered agent's acceptance:  Laving been named as registered agent and to accept service of process for the above stated corporation at the placest partner agree to comply with the provisions of all statutes relative to the proper and complete performance and and I am familiar with and accept the obligations of my position as registered agent.  Direction of the provision of the proper and complete performance and in the familiar with and accept the obligations of my position as registered agent.  | 04/04/2023   |  | perpetuity   |  |  |
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| Name:    Dina Donets   |  | (Current ma  | ailing address, if different)                                  |  |  |
| Name:    Dina Donets   |  |  |  |  |  |
| ffice Address:    Jacksonville   | Name and stree   | et address of Florida registered agent: (  | P.O. Box NOT acceptable)                                       |  |  |
| Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation artise plants plants agree to comply with the provisions of all statutes relative to the proper and complete performance of my position as registered agent.  | Name:  | Dina Donets  |  |  |  |
| (City)  (Zip code)  Registered agent's acceptance:  aving 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 accine this capacity at the agree to comply with the provisions of all statutes relative to the proper and complete performance of my position as registered agent.  | ffice Address:   | 2109 Lake Dr.  |  |  |  |
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| nd I am familiar with and accept the obligations of my position as registered agent.   | esignated in this  | application, I hereby accept the appoi   | intment as registered agent and agree to actifuthis capacity   |  |  |
| Oine Paneth Octoop verified  06/14/23 1:12 PM EDT  | irther agree to c<br>nd I am familia                         | comply with the provisions of all statute<br>r with and accept the obligations of my | position as registered agent.                                  |  |  |
|  |  | Dina Panetr 0  | otloop verified<br>6/14/23 1:12 PM EDT                         |  |  |
| (Registered agent's signature)   | _  |  |  |  |  |

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   | Anton Jensen Name:            | Chairman           | Name: Terry Jensen         |  |  |  |
| □Vice Chairman  | Address: 3112 NW Lakeridge Dr | □Vice Chairman     | Address: 20714 NW 18th Ave |  |  |  |
| □Director   | Vancouver, WA 98685           | □Director          | Ridgefield, WA 98642       |  |  |  |
| President   |                               | □President         |                            |  |  |  |
| □Vice President   |                               | □Vice President    |                            |  |  |  |
| □Secretary  | □Treasurer                    | <b>■</b> 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                      |  |  |  |
|   |                               |                    |                            |  |  |  |
| □Chairman   | Name:                         | □Chairman          | Name:                      |  |  |  |
| □Vice Chairman  | Address:                      | □Vice Chairman     | Address:                   |  |  |  |
| □Director   |                               | □Director          | <u> </u>                   |  |  |  |
| □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.  |                               |                    |                            |  |  |  |
| 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. |                               |                    |                            |  |  |  |

13. \_\_\_