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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO, Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

If you have any questions please contact me at 656-7956,

FROM.; Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST_DATE 8/17/2023 ORDER ENTITY BARGREEN-ELLINGSON, INC.	PRIORITY Regular Approval	OUR REF_# (Order_ID#); 1173721
DANGKEEN-ELLINGSON, INC.		
PLEASE PERFORM THE FOLLOW BARGREEN-ELLINGSON, INC.	ING SERVICES:	
File the attached foreign qualificat	tion document	
NOTES: \$70.00 Authorized /Email address for annual report rem	ninders: agent@corp-smart.com /	
RETURN/FORWARDING INSTRU ACCOUNT NUMBER: 120050000052	UCTIONS:	· · · · · · · · · · · · · · · · · · ·
Please bill the above referenced acc	count for this order.	

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, August 17, 2023 Page 1 of 1

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.

I -	LLINGSON, INC. orporation; must include "INCORPORATED," "	COMPANY," "CORPORATIO	DN,"
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		•
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacti	ing business in Florida)
WASHINGTON	3. 91	0715309	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
04/09/1960 (Date:	5	(Date of duration, if other	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
)	(Date first transacted business in Fl	orida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502	F.S., to determine penalty liabi	lity)
6626 TACOMA	A MALL BLVD, STE B, TACOMA, WA 98409-	9002	
	(Principal office	street address)	
	(Current mailing a	ddress, if different)	
I. Name and stree	et address of Florida registered agent: (P.O. E	ox NOT acceptable)	202:
Name:	CORPORATE CREATIONS NETWORK, INC	· ·	FILE 2023 NUG 17
Office Address:	801 US HIGHWAY 1		
	NORTH PALM BEACH	, Florida	R 2
	(City)	(Zip code)	프
Registered age	ent's acceptance:		1 to
Having been nam	ed as registered agent and to accept service (of process for the above state	ed corporation at the place
lesignated in this	application, I hereby accept the appointmen	t as registered agent and ag	ree to act in this capacity.
urtner agree to co and I am familiar	omply with the provisions of all statutes rela with and accept the obligations of my positi	ave to the proper and compl on as registered agent.	ete performance of my du
	DocuSigned by:		
	corrnne games		
_	(Registered agent's signa		

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.

DocuSign Envelope ID: 8AFD0598-D3E2-49F1-95BF-1D5440CFB9CC A. DIRECTORS DAVID ELLINGSON Chairman Name: □ Chairman Name: 6626 TACOMA MALL BLVD ☐ Vice Chairman Address: ☐ Vice Chairman Address: _____ SUITE B □ Director Director TACOMA, WA 98409-9002 □ President □President ☐ Vice President _ □Vice President ☐ Secretary □ Secretary □ Treasurer ☐ Treasurer □Other _____ □Other _____ □ Other ______ □Other _____ **ERIC ELLINGSON** Name: □ Chairman □ Chairman Name: _____ 6626 TACOMA MALL BLVD Address: □Vice Chairman Address: □Vice Chairman SUITE B Director □Director TACOMA, WA 98409-9002 □ President □ President □ Vice President _____ ☐Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer ☐Other ____ Other _____ □Other _____ □Other _____ Name: ☐ Chairman ☐ Chairman Name: □ Vice Chairman Address: ☐ Vice Chairman Address: ☐ Director □ Director □ President □ President ☐ Vice President ☐Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ □Other _____ □Other ____ Important Notice: 13se 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.



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

BARGREEN-ELLINGSON, 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 04/08/1960.

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: 05/31/2023 UBI Number: 278 038 615

ODI Number. 278 038 013

STATE OF WINSHING

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: 05/31/2023