Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	ap@division9flooring.com	

FOREIGN PROFIT/NONPROFIT CORPORATION DIVISION 9 INC.

Certificate of Status	Ü
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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.

1. Division 9 Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. WA 3, 42-1562466
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/26/2002 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. (O4-01/24) (Date litst transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. (Principal office street address)

8. Name and street	n address of Florida registered agent: (P.O	. Box <u>NOT</u>	`acceptable)
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	FL	33324
	(City)	·'	(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation arche 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.

(Current mailing address, if different)

	C T Corpo	ration System	1	
By:	17-18.	1800	Michele Holden, Asst. Secretary	
	(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

o: • Page 4 of 5 2024-03-03 08:58.03 PST 19548277645 From Keity Toon

A. DIRECTORS			
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	∃Vice Chairman	Address: 18311 Bothell Everett Hwy
□Director	Ste 220	∃Director	Sic 220
□President	Bothell, WA 98012	□President	Bothell, WA 98012
□Vice President		Tvice President	
₹ Secretary	Treasurer	71Secretary	Treasurer
■Other	CEO ∑ Other	20ther	
Long 1			
JChairman	Name;	_lChairman	Name:
□Vice Chairman	Address:	TiVice Chairman	Address:
□Director		□Director	
□President		□President	
TVice President		Ti Vice President	
□Secretary	□Treasurer	□Secretary	□ Treasurer
□Other	110ther	UOther	U0ther
⊒Cha i rman	Name:	_J Chairman	Name:
	Address:	□ Vice Chairman □ Director	Address:
_IDirector			
President		President	
TiVice President		TiVice President	
□Secretary	Tit reasurer	TiSecretary	Hreasurer
□Other		□Other	□Other □
individuals may be	Ise an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen		
12. /s/ Melissa Ros	Signature of Director or	Officer	
she is aware that fa s.817.155, F.S. Melissa Rossi	etor signing this document (and who is listed in number lise information submitted in a document to the Departm i, CEO	11 above) affirms th nent of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in
13.			



Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

DIVISION 9 INC.

1 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 \$11/26/2002.

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: 02/28/2024 UBI Number: 602 252 220

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 | 02 2a/2024

