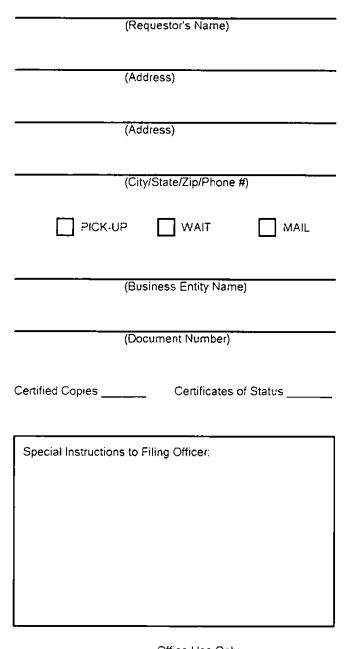
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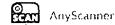
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### COVER LETTER

TO:		Registration Section Division of Corporations						
CHRI	FCT.	PAVILION BUSINESS S	ERVICES, INCO	RPORATED				
Name of corporation - must include suffix								
Dear S	ir or M	adam:						
"Certif	icate of	"Application by Foreign f Existence," or "Certificated foreign corporation to	ite of Good Stan	Authorization to Transact Business in Florida," ading" and check are submitted to register the ess in Florida.				
Please	return :	all correspondence concer	ming this matter	to the following:				
Sara Sv	wectin			_				
		•	Name of	Person				
CSD A	ttomeys	at Law P.S.						
			Firm/Com	pany				
1500 R	ailroad .	Ave						
			Addre	ess				
Belling	ham, W	A 98225		·				
			City/State a	nd Zip code				
ssweeti	n@csdla	iw.com						
		E-mail addre	ss: (to be used f	or future annual report notification)				
For furt	ther inf	ormation concerning this	matter, please c	all:				
Sara Sw	eetin		360	) 671-1796 Daytime Telephone Number				
<u></u>	Name	of Person	_ at ( 360 Area Code	Daytime Telephone Number				
	Registr Division The Co 2415 N	ET/COURIER ADDRE ration Section on of Corporations entre of Tallahassec I. Monroe Street, Suite 81 assec, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please m	ake che	heck for the following an ck payable to: FLORIDA I g Fee  \$78.75 Fili Certificate	DEPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.,"  [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)  Effective Date: 04/08/2019  (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)  7.   [Principal office street address]  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  [201 Hays Street]	"The.," "Co.," "Comp." "Ine." "Co." or "Corp.")  (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)  Effective Date: 04/08/2019  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  114 W. Magnolia, Ste. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:			1. PAVILION BUSINESS SERVICES, INCORPORATED					
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Effective Date: 04/08/2019 (Date of incorporation)  (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)  (Principal office street address)  (Current mailing address, if different)  Name:  Corporation Service Company  Diffice Address:  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)	Washington  (State or country under the law of which it is incorporated)  Effective Date: 04/08/2019  (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)  114 W. Magnolia, Ste. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name:    Corporation Service Company		nter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," nc.," "Corp.," "Inc.," "Co.," or "Corp.")						
Washington  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Effective Date: 04/08/2019  (Date of incorporation)  (Date of duration, if other than perpetual)  (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)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	Washington  (State or country under the law of which it is incorporated)  Effective Date: 04/08/2019  (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)  114 W. Magnolia, Ste. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name:    Corporation Service Company								
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(State or country under the law of which it is incorporated)  Effective Date: 04/08/2019  (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)  114 W. Magnolia, Ste. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	(State or country under the law of which it is incorporated)  Effective Date: 04/08/2019 (Date of incorporation)  (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)  114 W. Magnolia, Stc. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name:  (Current mailing address, if different)  Name:  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  Registered agent's acceptance:  (City)  Registered agent's acceptance and to accept service of process for the above stated corporation at the grains been named as registered agent and to accept service of process for the above stated corporation at the	Washington	3	UBI Number: 604 438 816					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  114 W. Magnolia, Ste. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  114 W. Magnolia, Stc. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street  Tallahassee , Florida 32301 (City)  (City)  Registered agent's acceptance:  Tallahassee in Florida accept service of process for the above stated corporation at the	(State or country							
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  114 W. Magnolia, Ste. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  114 W. Magnolia, Stc. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street  Tallahassee , Florida (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	Effective Date: (	94/08/2019	Perpetual Perpetual					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  114 W. Magnolia, Stc. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  114 W. Magnolia, Stc. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street  Tallahassee  Tallahassee  Total (City)  Registered agent's acceptance:  Tallahassee agent and to accept service of process for the above stated corporation at the	(Date	of incorporation)	(Date of duration, if other than perpetual)					
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  114 W. Magnolia, Stc. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  114 W. Magnolia, Stc. 400-116, Bellingham, WA 98225  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street  Tallahassee , Florida 32301  (City) , Florida (Zip code)  Registered agent's acceptance:  Taying been named us registered agent and to accept service of process for the above stated corporation at the								
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	(Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street  Tallahassee  Tallahassee  (City)  Registered agent's acceptance:  Tallahassee of Florida agent and to accept service of process for the above stated corporation at the		(Date first transacted business to (SEE SECTIONS 607.1501 & 607.1	in Piorida, if prior to registration) 502, F.S., to determine penalty liability)					
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporation Service Company	114 W. Magnolia							
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporation Service Company		(Principal of	fice street address)					
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporation Service Company								
Name:  Name: Corporation Service Company  1201 Hays Street	Name:    Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   Name:     Corporation Service Company		(Current maili	ng address, if different)					
Name: Corporation Service Company  1201 Hays Street	Name:    Corporation Service Company								
Mame: 1201 Hays Street	Name:    1201 Hays Street								
Office Address: 1201 Hays Street	Office Address:    Tallahassee	. Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)					
<del></del>	Tallahassee , Florida 32301 (City) (Zip code)  Registered agent's acceptance:  Invine been named as registered agent and to accept service of process for the above stated corporation at the			O. Box NOT acceptable)					
, 101100	Registered agent's acceptance:  Inving been named us registered agent and to accept service of process for the above stated corporation at the	Name:	Corporation Service Company	O. Box NOT acceptable)					
(City) (Zip code)	aving been named as registered agent and to accept service of process for the above stated corporation at the	Name:	Corporation Service Company 1201 Hays Street	<del></del>					
	laving been named as registered agent and to accept service of process for the above stated corporation at the	Name:	Corporation Service Company 1201 Hays Street	<del></del>					
		Name:  Office Address:  Registered age laving been names ignated in this	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint	, Florida 32301 (Zip code)  ice of process for the above stated corporation at ment as registered agent and agree to act in this c					
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of	nd I am familiar with and accept the obligations of my position as registered agent.	Name: Office Address: Registered age laving been name esignated in this	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint amply with the provisions of all statutes is	, Florida 32301 (Zip code)  ice of process for the above stated corporation at ment as registered agent and agree to act in this crelative to the proper and complete performance of					
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of	nd I am familiar with and accept the obligations of my position as registered agent.	Name: Office Address:  Registered age Javing been name Jesignated in this wriher agree to co	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint amply with the provisions of all statutes is	, Florida 32301 (Zip code)  ice of process for the above stated corporation at ment as registered agent and agree to act in this crelative to the proper and complete performance of					
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of	nd I am familiar with and accept the obligations of my position as registered agent.	Name: Office Address: Registered age laving been name esignated in this	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint amply with the provisions of all statutes is	, Florida 32301 (Zip code)  ice of process for the above stated corporation at ment as registered agent and agree to act in this crelative to the proper and complete performance of					
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of nd I am familiar with and accept the obligations of my position as registered agent.	nd I am familiar with and accept the obligations of my position as registered agent.	Name: Office Address: Registered age laving been name esignated in this	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes is with and accept the obligations of my pa	, Florida 32301 (Zip code)  ice of process for the above stated corporation at ment as registered agent and agree to act in this crelative to the proper and complete performance cosition as registered agent.					
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of	nd I am familiar with and accept the obligations of my position as registered agent.	Name: Office Address:  Office Address:	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes is with and accept the obligations of my pa	, Florida 32301 (Zip code)  ice of process for the above stated corporation at ment as registered agent and agree to act in this crelative to the proper and complete performance cosition as registered agent.					
further agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent's signature)	nd I am familiar with and accept the obligations of my position as registered agent.	Name: Office Address:  Office Address:	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my pa	, Florida 32301 (Zip code)  ice of process for the above stated corporation at ment as registered agent and agree to act in this crelative to the proper and complete performance consition as registered agent.					

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

under the law of which it is incorporated.

A. DIRECTORS			D'ana Damenti				
□Chairman	Name: Greg Spufford	l'1Chairman	Name:				
□Vice Chairman	Address:	[IVice Chairman	Address:				
Director	Bellingham, WA 98225	□Director	Bellingham, WA 98225				
■ President	COMPA	□President	Barrelt				
□Vice President		□ Vice President					
☐ Secretary	Treasurer	Secretary	Treasurer				
Other	Other	Other	Other				
□Chairman ■ Vice Chairman □ Director	Bellingham, WA 98225	■Chairman  □Vice Chairman  □Director	Name: Greg Spafford  Address: 114 W. Magnolia, Ste. 400-116  Bellingham, WA 98225				
□President	Donut	□President	- LONG VIPI				
□Vice President	<u> </u>	□Vice President					
Secretary	☐Treasurer	Secretary	Treasurer				
□ Other	Other	Other	Other				
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President	Name: Greg Spafford  Name: 114 W. Magnolia, Ste. 400-116  Address: Bellingham, WA 98225	□ Chairman □ Vice Chairman □ Director □ President	Name:				
☐ Vice President		□Vice President					
Secretary	Treasurer	Secretary	☐Treasurer				
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.							
13. Greg Spaffo	(Typed or printed name and capacity of person	on signing application	)				
	filter or hinner more and cabacità at being	a.P abbucacion	•				



# 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 EXISTENCE

OF

### PAVILION BUSINESS SERVICES, INCORPORATED

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 04/08/2019.

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: 05/16/2024 UBI Number: 604 438 816

ten 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: 05/16/2024