F24000005152

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



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RECEIVED

CSC - Tallahassee 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

· · ·

To: Department Of State, Division Of Corporations From: Ben Bolen Ext: Date: 10/01/24 Order #: 1635423-1 Re: Cedar Bay North America Inc. Processing Method: Routine



TO WHOM IT MAY CONCERN:

Enclosed please find: Application for Certificate of Authority Amount to be deducted from our State Account: \$70 - FL State Account Number: I2000000195 Certificate of Good Standing from State of Incorporation

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Cedar Bay North America, Inc

Name of corporation - must include suffix

Dear Sir or Madam:

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 all correspondence concerning this matter to the following:

A	leta	Groe	nig
			\sim

Nam	e of Person
Cedar Bay North America. Inc	
Finn/	Company
19225 8th Ave NE Suite 201-7	
A	Address
Poulsbo, WA 90370	
City/St.	ate and Zip code
office-us@arcwide.com	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, ple Aleta Groenigat (
	Code 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 DEPARTM	ENT OF STATE

□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 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.

Cedar Bay North America Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp." "lnc," "Co," or "Corp.")

Washington	3	38-4051228			
	y under the law of which it is incorporated)	(FEI number, if	applicable))	
10/06/2020	5.				
(Date	of incorporation)	(Date of duration, if oth	er than perp	oetual)	
Upon Filing					
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty lia	bility)		
19225 8th Ave NI	E, Suite 201-7, Poulsbo, WA 98370				
·	(Principal off	ïce <u>street</u> address)			
	(Current maili	ng address, if different)		- ; • ;	
Name and stree	at address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	:	· · · · · · · · · · · · · · · · · · ·	•
Name:	Corporation Service Company			- -,	
office Address:	1201 Hays Street			3	
	Tallahassee	, Florida ³²³⁰¹		دی د ۲	
	(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 at the 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.

Corporation Service Company Ari-

		•
(Registered	agent s	signature)
(C		· · c. · · · · · · · · · · · · · · · · ·

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]:

A. DIRECTORS	· · ·				
□Chairman ⁺	Mark Mazur Name:	□ Chairman	Name: Matthias Loebich		
🗆 Vice Chairman	Address: 19225 8th Ave NE, Suite 201-7	🗋 Vice Chairman	Address: Poulsbo, WA 98370		
Director	Poulsbo, WA 98370	Director			
President		President			
□ Vice President		Uvice 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		
🗆 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		
	Use an attachment to report more than six (6). The a added to the index when filing your Florid Depart Mallhuas	Joebich	l for reporting purposes only. Non-indexed port form.		
	etor signing this document (and who is listed in nun lse information submitted in a document to the Dep				
13.	Matthias Loe	bich			



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

CERTIFICATE OF EXISTENCE

OF

CEDAR BAY NORTH AMERICA 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 10/06/2020.

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: 09/30/2024 UBI Number: 604 535 174



B REDUCES

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: 09/30/2024