F2400005399

| (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: |
| 2 10 10 10 2 14 |
| to M. |
| M24-124468 |





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| TO: | | tration Section of Cor | | | | | | | | |
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| SUBJE | гст | Call First | Communications I | ne | | | | | | |
| SODSI | LCI. | - | Name | of corporati | ion - mı | st include suffix | | | | |
| Dear Si | r or M | adam: | | | | | | | | |
| "Certifi | cate o | f Existenc | | of Good Si | tanding [*] | orization to Transa * and check are sub Florida. | | | | |
| Please r | return | all corresp | ondence concern | ing this mat | ter to th | e following: | | | | |
| Brian L | ambert | | | | | | | | | |
| | | | | Name | of Perso | on | | NEC A | 2024 001 10 | 552 |
| | | | <u>-</u> | Firm/C | ompany | | | <u> </u> | ======================================= | |
| 8205 Al | latoona | Pass Way | | | | | | 200 | 0 | 5 |
| | | | • | Ad | dress | | | | AH | |
| Boynton | n Beacl | n, FL 3347. | 3 | | | | | | ڢ | المحت |
| | | | | City/State | e and Zi | p code | | <u> </u> | 25 | |
| brianlan | nbert I i | 107@gmail | | | · · · · · · · · · · · · · · · · · · · | | | | | - |
| | | | E-mail addres | s: (to be use | ed for fu | ture annual report | notificatio | n) | | |
| For furt | ther in | formation | concerning this n | natter, pleas | se call: | | | | | |
| Brian L | ambert | | | at (| , 6 | 10-9528 | | | | |
| | Nam | e of Perso | n | Area C | | Daytime Telep | hone Nun | nber | | |
| | Regis Divis The C 2415 | tration Selion of Cor Centre of T | porations `allahassee e Street, Suite 81 | | | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporation 7 | | | |
| | | | the following am | | NT OF S | STATE | | | | |
| ■ \$70. | | | \$78.75 Filin Certificate | ng Fee & | □ \$78 | 1.75 Filing Fee & | Ce | 7.50 Filing rtificate of rtified Cop | Status | æ |

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.

| (If name unavailal | ole in Florida, enter alternate corporate name | adopted for the purpose of transacting | eg business in Florida) | <u>-</u> |
|--------------------|---|--|-------------------------|----------|
| WA | . 3 | 83-2222107 | | |
| | under the law of which it is incorporated) | (FEI number, if ap | plicable) | _ |
| 10/15/2018 | .: 5. | | | |
| (Date o | of incorporation) | (Date of duration, if other | than perpetual) | _ |
| i | | | | _ |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 | | ···· | _ |
| 2161 SW Olympic | Club Terrace, Palm City, FL 34990 | 102, F.S., to determine penalty habin | ty) | |
| • | <u></u> | ce street address) | | _ |
| 707 W Main Ave | STE BI PMB 110, Spókane, WA 99201 | <u></u> | | |
| | · (Current mailin | g address, if different) | | - |
| | .; | | | |
| . Name and street | address of Florida registered agent: (P.C |). Box NOT acceptable) | | (LEATED |
| Name: | Brian Lambert | | ် (၁) နှာ | |
| Office Address: | 8205 Alatoona Pass Way | | ## 9: | Ö |
| | Boynton Beach | , Florida | · | |
| | (City) | (Zip code) | | |
| . Registered agei | nt's acceptance: | | | |

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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 | Name: Aaron Rand | — □Chairman | Nama | | |
|---|--|---|------------------------------------|--|--|
| ☐ Vice Chairman Address: 2161 SW Olympic Club Ter | | — □Vice Chairman | Name: | | |
| Director | Palm City, FL 34990 | | Address: | | |
| ■ President | | | | | |
| □ Vice President | | _ · · · · · · · · · · · · · · · · · · · | | | |
| ☐ Secretary | □Treasurer | ☐ Vice President 	☐ Secretary | | | |
| □Other | Other | • | ☐ Treasurer ☐ Other | | |
| □Chairman p | Name: | - □Chairman N | | | |
| □ Vice Chairman A | Address: | - | lame: | | |
| □Director | | , | Address: | | |
| □President | | ☐ President | O series | | |
| □ Vice President | | □ Vice President | 300 P | | |
| □Secretary | □Treasurer | ☐ Secretary | D Treasurer | | |
| Other | Other | Other | | | |
| □Chairman Nai | me: | □Chairman Nan | _ | | |
| □Vice Chairman Ado | dress; | | ne: | | |
| □Director —— | | □ Director | dress: | | |
| □President | | □ President | | | |
| JVice President | | | | | |
| I Secretary | ☐ Treasurer | ☐ Vice President | | | |
| Other | Other | ☐ Secretary | ☐Treasurer | | |
| aportant Notice: Hee a- | | Other | | | |
| dividuals may be added | attachment to report more than six (6). The a to the index when filing your Florida Depart | ittachment will be imaged for re ment of State Annual Report for | porting purposes only. Non-indexed | | |

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

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

CALL FIRST COMMUNICATIONS 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 10/15/2018.

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: 08/22/2024 UBI Number: 604 346 906

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: 08/22/2024



September 5, 2024

BRIAN LAMBERT 8205 ALATOONA PASS WAY BOYNTON BEACH, FL 33473 US

SUBJECT: CALL FIRST COMMUNICATIONS INC

Ref. Number: W24000124668

We have received your document for CALL FIRST COMMUNICATIONS INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 524A00019860

Ariel Jones Regulatory Specialist II

RECEIVED

OCT 10 2024