10/24/24, 2:42 PM

Division of Corporations

Florida Department of State Division of Corporation

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Division of Corporations

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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. **

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FOREIGN PROFIT/NONPROFIT CORPORATION

Wasatch Supply Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	S78.75

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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

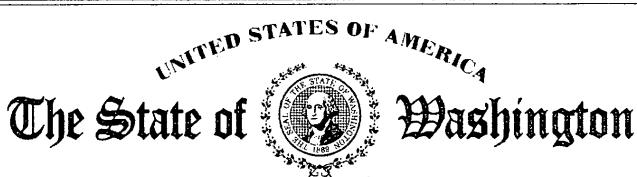
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Wasaich Supply					
(Enter name of e	corporation: must include "INCORPORATED." Torp." "[nc." "Co." or "Corp.")	"COMPAS	Y." "CORPORATION	\."	~
N/A					
(II name unavail	lable in Florida, enter alternate corporate name ac	opted for ti	ne purpose of transactin	g business in Florida)	
State of Washin					
(State or cosmu	y under the law of which it is incorporated)		(Fh) number, if ap	plicable)	-
12/25/1994	5, 17,				
Date	(Date of incorporation) (Da			lian perpetual)	-
ı. <u> </u>					
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	2 11 5 15 1	كالطبيل يطلبنيهم أبينك ومصابيا	iè)	
999 Lake Drive, i	Issaquah, WA 98027 (Principal office				
	(Principal office	street add	rcss)		•
P.Cr. Box 35005.	269HG, AV A8174				
	(Corrent mailing	uddress, if	different)		
		r 1104			
. Name and <u>stre</u>	et address of Florida registered agent: (P.O.	Box <u>NOT</u>	_acceptable)		
Name:	CT Corporation System	·			
Office Address	1200 South Pine Island Road				
	Plantation	 1/L	33324	C.	F . 1
	(City)	 •	(Zip code)	. .	77
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	!	3
	ent's acceptance: and as registered agent and to accept service	a • • • • • • • • • • • • • • • • • • •	. Co-the above assess		
	application, I hereby accept the appointme				
	omply with the provisions of all statutes rele			e performance of my	y duti
na s am jamillat	with and accept the obligations of my positions	ion as reg	ustered agent.	•	<u>~~</u> .
	C T Corporation System			i	د. د
By: /s/ Stephen Rullis, VP & Asst. Secy.				G_{2}	

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, his names, titles and addresses of the primary officers und/or directors [up to sec (6) total]

A. DIRECTORS				
□Chairman	John C. Sullivan Name:	⊡Chairman	Name:	
□Vice Chaimun	Address:	□Vice Chairman	Address:	
⊕Director	Issaquah, WA 98027	□Director		
E President		∐President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	☐Secretary		□ Treasurer
□Other	Other	⊡Other	 • •	⊇Other
□Chairman	Name:	∐Chairman	Name:	
	999 Lake Drive Address:	□Vice Chairman		
EDirector	Issaquah, WA 98027	□Director		
□President		D President		
■Vice President		□Vice President		
Li Secretary	☐ freasurer	□Secretary		□ freusurer
□Other	□:Other	□Other		II Other
	Joe A. Moore Name:	77,4% . i.m.,	Nance	
□Chairman	999 Lake Drive	E Chairman		
□Vice Chairmen	Address:			
Disector		□ Director		
Ti President		©President		
		□Vice President		
☐ Secretary	□ Freasurer	Secretary		☐Treasurer ☐Other
⊡Other		20ther		_Outr
Important Notice individuals may b	Use an attachment to report more than \$.x.(6). The una ended to the index when alling your Florida Departm	ent of State Annual I	ged for reporting p Report form	
5 th	Signature of Director	or Officer		
she is aware that 5,817,155, F.S.	ector signing this document (and who is listed in number false information submitted in a document to the Depar	er 11 above) affirms iment of State consti	rutes a third degre	æ felony as provided for m
13	(Typed or printed name and capacity of pers	son signing application		
	t i place of printed tuning and explicitly of field	and the second of the second		



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

WASATCH SUPPLY SERVICES, 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 12/23/1994.

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: 10/24/2024 UBI Number: 601 594 098

LR 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: 10-24/2024