

F 95000003403

Document Number Only

C T CORPORATION SYSTEM  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, Florida 32301  
City State Zip Phone

904-222-1092

CORPORATION(S) NAME

300001538883  
-07/17/95--01036--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Goodman Financial Services, Inc.

- ☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☒ Foreign  
☐ Amendment  
☐ Merger  
☐ Dissolution/Withdrawal  
☐ Mark  
☐ Limited Partnership  
☐ Reinstatement  
☐ Annual Report  
☐ Reservation  
☐ Other  
☐ Change of R.A.  
☐ Fictitious Name  
☐ Certified Copy  
☐ Photo Copies  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out  
☐ Call If Problem  
☐ Will Wait  
☐ After 4:30  
☒ Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Veriller

7/17/95  
3:50

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

**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. Goodman Financial Services, Inc.  
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Washington  
(State or country under the law of which it is incorporated)

3. January 24, 1991 4. Perpetual  
(Date of Incorporation) (Duration)

5. 91-1516376  
(Federal Employer Identification number, if applicable)

6. Upon Qualification  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 320 Andover Park East, Suite 100, Seattle, Washington 98108  
(Current mailing address)

8. Real property ownership, management, operation and brokerage.  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

**A. Directors:**

Chairman: John A. Goodman

Address: 320 Andover Park East, Suite 100  
Seattle, Washington 98108

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**9. Officers:**

**President:** John A. Goodman

**Address:** 320 Andover Park East, Suite 100  
Seattle, Washington 98188

**Vice President:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Secretary:** John A. Goodman

**Address:** 320 Andover Park East, Suite 100  
Seattle, Washington 98188

**Treasurer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

**Name:** C I Corporation System

**Office Address:** c/o C I Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

Zip Code

**11. 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.

Registered agent's signature: \_\_\_\_\_

John P. Stout  
(Officer)

John P. Stout, Asst. Secy.

(Typed Name and Title of Officer)

12. 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.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. John A. Goodman, President

(Name and capacity of person signing application)



STATE of WASHINGTON SECRETARY of STATE

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

GOODMAN FINANCIAL SERVICES, INC.

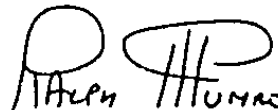
I, RALPH MUNRO, Secretary of State of the State of Washington, hereby certify that I am the custodian of the corporation records of this state.

I FURTHER CERTIFY that the records on file in this office show that the above - named profit corporation was incorporated under the laws of the State of Washington and was issued a certificate of Incorporation in Washington on January 24, 1991.

I FURTHER CERTIFY that as of the date of this certificate no Articles of Dissolution or Certificate of Withdrawal have been filed, that the conditions of the Revised Code of Washington, Title 23B.01.280(2) (a) through (d) have been met, and the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: July 12, 1995

Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol.



Ralph Munro Secretary of State

L. Tornow

95 JUL 17 11:12:22  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 19 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003403

1. Corporation Name

GOODMAN FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

010 ANDOVER PARK EAST, SUITE 100  
SEATTLE WA 98108-98104

320 ANDOVER PARK EAST, SUITE 100  
SEATTLE WA 98108-98104

401-2nd Ave S #110

401-2nd Avenue S #110

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
401 Second Ave. S.

3. New Mailing Office Address, if Applicable  
401 Second Ave. S.

Suite, Apt. #, etc.  
Suite 110

Suite, Apt. #, etc.  
Suite 110

City & State

City & State

Seattle, WA

Seattle, WA

Zip  
98104

Country  
King

Zip  
98104

Country  
King

REINSTATEMENT 96

State Incorporated or Qualified  
To Do Business in Florida

07/17/1995

5. FEI Number

91-1516376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRABLE

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PSC	GOODMAN, JOHN A	320 ANDOVER PARK EAST, SUITE 100 401 Second Ave. S. #110	SEATTLE WA 98108 Seattle, WA 98104
			600002011976--8 -11/22/96--01015--015 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Jack C. Caskey

REGISTERED AGENT MUST SIGN

Asst. Vice President

Date 11/12/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Goodman

Date

(206) 215-9700

Daytime Phone #