

# F990000003903

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Canoesport, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

700002943457--1  
-07/28/99--01003--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

David C. Stewart

(Name of Person)

Oles Morrison Rinker & Baker LLP

(Firm/Company)

701 5th Avenue, Suite 3300

(Address)

Seattle, WA 98104-7082

(City/State/Zip)

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DIVISION OF CORPORATIONS  
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Should you need to call someone concerning this matter, please call:

Donna Martin

(Name of Person)

at ( 206 ) 623 3427

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

Name	MJH
Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

**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. Canoesport, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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 3. 91-1979936  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 28, 1999 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1715 Hodges Blvd, Apt 604 Jacksonville, FL 32224  
Jacksonville, FL 32224  
(Current mailing address)
8. Teach paddle sports  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: CT Corporation System
- Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip code)

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**10. 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.*

Attached

(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**FLORIDA**

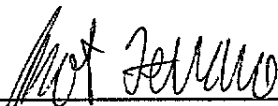
**CONSENT TO SERVE AS REGISTERED AGENT**

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

Canoesport, Inc.

C T CORPORATION SYSTEM

Date: July 7, 1999

  
\_\_\_\_\_  
Scot Ferraro  
Assistant Secretary

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Robert A. Grier

Address: 1715 Hodges Blvd, Apt 604  
Jacksonville, FL 32224

Vice Chairman: n/a

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

Director: n/a

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

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Robert A. Grier

Address: 1715 Hodges Blvd, Apt 604  
Jacksonville, FL 32224

Vice President: n/a

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

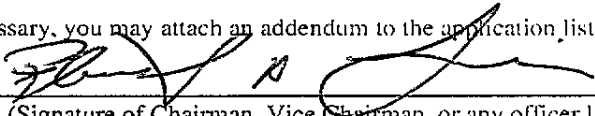
Secretary: n/a

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

Treasurer: n/a

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert A. Grier President  
(Typed or printed name and capacity of person signing application)

# STATE of WASHINGTON



## SECRETARY of STATE

*I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,*  
hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

CANOESPORT INC.

**I FURTHER CERTIFY** that the records on file in this office show that the  
above named profit corporation was formed under the laws of the  
State of Washington and was issued a Certificate of Incorporation  
in Washington on May 28, 1999.

**I FURTHER CERTIFY** that as of the date of this certificate, no Articles of Dissolution  
have been filed, and that the corporation is duly authorized to  
transact business in the corporate form in the State of Washington.



Date: July 9, 1999

*Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital*

  
S. GRAY  
Ralph Munro, Secretary of State