11/6/2020

**Division of Corporations** 



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	Division of Co	porations
	Fax Number	(850)617-6383
From:	Account Namo	

Account Name	:	C T CORPORATION SYSTEM
Account Number	:	FCA000000023
Phone	:	(614)280-3338
Fax Number	:	(954)208-0845

\*\*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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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
⊡Manager	Name:	Manager	Name:	
🗆 Member	Address:	⊡ Member	Address:	
Authorized	Building G	$\Box$ Authorized	_	
Person	Olympia, WA 98502	Person		
□Other	Other	[] Other		□Other
⊡Manager	Name:	∐ Manager	Name:	
Member	Address:	☐ Member	Address:	·····
Authorized		C Authorized		
Person		Person		
⊡Other	Other	⊂ Other		]Other
□Manager	Name:	□ Manager	Name:	
⊡Member	Address;	□ Member	Address:	
Authorized		Authorized	<del></del>	
Person		Person		
Dther	①Other	COther		]Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized, the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Pallas Lakose 88459611E34E4C8

Signature of an authorized person

Dallas LaRose

Typed or printed name of signer





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

tion Uppna

Kim Wyman, Secretary of State Date Issued: 11/06/2020