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COVER LETTER

TO:	Registration Sect Division of Corp				
SUBJ	IECT:	Northy	vest Planning F	artners, Inc.	
000		Name of cor	poration - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,	on by Foreign Corpora or "Certificate of Go corporation to transac	ood Standing	and check are subn	t Business in Florida." nitted to register the
Please	return all correspo	ndence concerning thi	s matter to th	e following:	
		Н	olly McGraw		
_		N	lame of Perso	n	
		Schwabe,	Williamson &	Wyatt, P.C.	
_		Fi	rm/Company		
		1211 S	W Fifth Ave S	te 1900	
			Address		
		Por	tland, OR 9720)4	
		-	/State and Zi	•	
			raw@schwabe		
		E-mail address: (to b	e used for ful	ure annual report no	otification)
For fu	rther information c	oncerning this matter.	please call:		
Holly McGraw		aw at (503	796-3757	
	Name of Person		rea Code	Daytime Teleph	one Number
	STREET/COUR Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Hahassee Street, Suite 810		MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Please		te following amount: to: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Stat	& □ \$78	STATE .75 Filing Fee & tified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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.

	Northwest	t Planning Partners,	Inc.				
(Enter name of cor	poration; must include "INCORPORATE p." "Inc." "Co," or "Corp.")	ED," "COMPANY	" "CORPORATIO	N,"			
(If name unavailab	le in Florida, enter alternate corporate na	ime adopted for the	purpose of transact	ing business in Florida)			
Was	hington, United States	3	06-166841	2			
			(FEI number, if applicable)				
(Date o	f incorporation)	(Date	(Date of duration, if other than perpetual)				
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60	ss in Florida, if prio 7.1502, F.S., to dete	r to registration) ermine penalty liabi	ility)			
	38803 NE 2nd Ave, La Center, WA 98629						
	(Principal office street address)						
	1087 Lewis River Ro	d PMB 178, Woodl	and. WA 98674				
. Name and <u>street</u> Name:	address of Florida registered agent: (Cogency Global Inc.	P.O. Box <u>NOT</u> a	cceptable)				
Office Address:	115 North Calhoun Street, Suite	4		202 SE-			
	Tallahassee	Florida	32301	025 FEB 12			
	(City)		(Zip code)				
esignated in this a urther agree to con	t's acceptance: I as registered agent and to accept se pplication, I hereby accept the appoi nply with the provisions of all statute with and accept the obligations of my	intment as registe es relative to the p	red agent and ag roper and compl	ed corporation the present the present the present the present the present the capacity of the			
	Natalsigh ((Registered agent	Clodfelter					

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.

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A. DIRECTORS Christopher M. Rose Tiffany M. Rose Name: □ Chairman ☐ Chairman Name: 1087 Lewis River Rd PMB 178 1087 Lewis River Rd PMB 178 □Vice Chairman Address: □Vice Chairman Woodland, WA 98674 Woodland, WA 98674 ■ Director Director President □President □Vice President ___ □ Vice President □ Secretary ☐ Treasurer **■**Secretary □ Treasurer □ Other _____ □Other _____ □ Other _____ □Other _____ Chairman Name: _____ □Chairman Name: ______ □Vice Chairman Address: ______ ☐ Vice Chairman Address: _____ □ Director □Director □President □President □Vice President ☐ Vice President ☐ Secretary □Treasurer ☐ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: □ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President _____ ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other_____ □Other _____ □Other _____ □ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Christopher M. Rose _____ Signature of Director or Officer 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 s.817.155, F.S. Christopher M. Rose, President



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

NORTHWEST PLANNING PARTNERS, 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 12/09/2002.

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: 02/11/2025 UBI Number: 602 256 298



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

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 02/11/2025