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T. LEMIEUX FEB 24 2025



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2025

MARCIE GLENN P.O. BOX 1541 CHELAN, WA 98816

SUBJECT: FOUR G CORPORATION

Ref. Number: W25000011720

We have received your document for FOUR G CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on the certificate (FOUR G CORPORATION) and the name on the document (ANOTHER SOURCE) must be the same. If Another Source is the alternate name it must be on the second line with line 1 being Four G Corporation.,

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 925A00001981

RECEIVED

FEB 2 4 2025

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.	Four G Corpora	tion			
		orporation; must include "INCORPORATED," " orp." "Inc." "Co." or "Corp.")	COMPANY." "CORPORATION."		
	Another Source				
2.	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Washington				
- . 4 .	(State or country under the law of which it is incorporated) 11/17/2006 5.				
٠,,	(Date	of incorporation)	(Date of duration, if other than perpetual)		
7		(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502 Drvie Chelan, WA 98816 (Principal office)			
-		(Current mailing a	ddress, if different)		
8.	Name and stree	<u>et address</u> of Florida registered agent: (P.O. F	Box NOT acceptable)		
	Name:	Registered Agents Inc	_	21,	
Of	fice Address:	7901 4th St N STE 300	_		
			, Florida <u>33702</u>	h: 15	
		(City)	(Zip code)	<i>○1</i>	

9. Registered agent's acceptance:

Having been named—us 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.



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.

A. DIRECTORS Marcie Glenn □ Chairman □ Chairman Name: Name: _____ 4335 SunnyBank Drive □Vice Chairman Address: □ Vice Chairman Address: _____ Chelan, WA 98816 □ Director □ Director ☑ President □ President □Vice President □ Vice President □Treasurer ☐Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: □Chairman Name: _____ □Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □ President □ President □ Vice President ___ □Vice President ☐ Secretary □ Treasurer □ Secretary ☐ Treasurer □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. 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

, Marcie Glenn, President

s.817.155, F.S.



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

FOUR G CORPORATION

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 11/20/2006.

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: 01/08/2025 UBI Number: 602 650 752

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O venue in my included the Secondard Signature Washington and O simples the State Capital

the R Hobbie

Steel P. Hosby Storeta viol State

Disclosized of the 2025.