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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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ION SERVICE COMPANY.						
ACCOUNT NO.	:	I20000001	95			
REFERENCE	:					
AUTHORIZATION	:	c. nels de	enan			
COST LIMIT	:	\$ 40.00				
ORDER DATE : March 8, 2013						
ORDER TIME : 11:50 AM						
ORDER NO. : 563987-010						
CUSTOMER NO: 7892419						
FOREIGN F	·	 NGS				-
NAME: MAINSTREET FI INC.	:NAN	CIAL SERVIC	ES,			
XXXX QUALIFICATION (TYPE: C	<u>:0</u>)					
PLEASE RETURN THE FOLLOWING AS	PRO	OOF OF FILI	NG:	SECA:	13 MAR	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD ST	'AND	ING		HASSEF, FLO	R 13 AM	, India

CONTACT PERSON: Susie Knight -- EXT# 52956 EXAMINER:

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.	Mainstreet Financial Services, Inc.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")						
	(If name unavailable is	n Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Flori	da)		
2.	Washington		3.	91-1674907			
	(State or country under	the law of which it is incorporated)		(FEI number, if applicable)			
4.	03/07/1995		5:	Perpetual			
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")			<u>i")</u>			
6.	5. N/A No business transacted in Florida to date.						
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						
-	150 Nickerson Stre	•		· · · · · · · · · · · · · · · · · · ·			
۲.	7. 150 Nickerson Street, Suite 201, Seattle, WA 98109 (Principal office address)						
	150 Nickerson Stre	eet, Suite 201, Seattle, WA 981	09		•		
		(Current mailing	add	ress)			
8.	Insurance Agency	- sale of casualty insurance			13 監報		
•	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)						
ġ,	Name and street add	Iress of Florida registered agent: (P.C). Box NOT acceptable)	မှု ဆ		
	Name: Co	orporation Service Company					
О	ffice Address: 12	01 Hays Street			8: 31		
	Ta	llahassee		, Florida 32301			
		(City)		(Zip code)			

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.

By: Sue G. Knight
Assistant Vice President

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 business addresses of officers and/or directors:

A. DIRECTORS

COVER LETTER

	O: New Filing Section Division of Corporations			
SUBJECT:	Mainstreet Financial Services, Inc.			
SUBSECT	Name of corporation - must include suffix			
Dear Sir or N	Aadam:			
"Certificate	H"Application by Foreign Corporation for Au of Existence," or "Certificate of Good Standir need foreign corporation to transact business	g" and check are subm	Business in Florida," itted to register the	
Please return	all correspondence concerning this matter to	the following:		
Laura Lilly				
	Name of Per	son		
Mainstreet 1	Financial Services, Inc.			
	Firm/Compa	ny		
150 Nickers	son Street, Suite 201			
	Address			
Seattle, WA	98109			
	City/State and	Zip code	······································	
Laura@mai	nst-fin.com			
	E-mail address: (to be used for	future annual report no	otification)	
For further in	nformation concerning this matter, please call	:		
Laura Lilly at (206) 583-0877				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			tion porations	
Enclosed is a	a check for the following amount:			
⊠ \$70.00	Filing Fee \$\(\text{Ts.75 Filing Fee & Certificate of Status} \)	78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

The State of

SEASSES.



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

MAINSTREET FINANCIAL SERVICES, 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 WA and was issued a Certificate Of Incorporation in Washington on 3/7/1995.

I FURTHER CERTIFY that as of the date of this certificate, MAINSTREET FINANCIAL SERVICES, INC. remains active and has complied with the filing requirements of this office.

Date: March 11, 2013

UBI: 601-611-051

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

Kim Wyman, Secretary of State