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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Ellity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

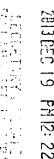


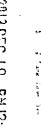
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Tapestry Associates LLC Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	la," Cer isiness i	tificate o in Florid	of a
Please return all correspondence concerning this matter to the following:			
Kerry Albright Name of Person	-		
Tapestry Associates (LC Firm/Company			
506 and Ave Suite 1021A Address			
Seattle, WA 98104			44
City/State and Zip Code		613	
E-mail address: (to be used for future annual report notification)		PM 12: 22	,
For further information concerning this matter, please call:	3-1	: 22	
Kerry Albright at (204) 724-2732 Name of Person Area Code & Daytime Telephone Number			
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleFallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:					
1. Tapestry Associates LCC (Name of Foreign Umited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")					
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")					
2. Washington (Jurisdiction under the law of which foreign limited liability) 3. 27-2052997 (FEI number, if applicable)					
company is organized)					
4. 2(28/2010 5. Perpetual (Duration: Year limited liability company will cease to					
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
6. 12/16/2013					
6. Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 506 200 Aug. St. H. 1001 A					
7. 506 2nd Ave Suite 1021A					
7. 506 2nd Ave Suite 1021A Seattle, WA 98104 (Street Address of Principal Office)					
Scattle, WA 98104 (Street Address of Principal Office)					
8. If limited liability company is a manager-managed company, check here					
9. The name and usual business addresses of the managing members or managers are as follows:					
Randall L. Gantenbein 506 2nd Ave Suite 1021A Seattle, WA 9810					
Randall L. Gantenbein 504 2nd Ave Suite 1021A Seattle, MA 9810 Anne Lyons 5062nd Ave Suite 1021A Seattle WA 98104					
•					
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)					
11. Nature of business or purposes to be conducted or promoted in Florida: Personal property					
estate & project management services to high net worth' 1 11 4 9 1 1 Individuals or families.					
Randall & Santaulles Individuals or families.					
Signature of a member or an authorized representative of a member.					
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the					
penalties of perjury that the facts stated herein are true. 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.)					
RANDALL L. GANTENBEIN					
Typed or printed name of signee					

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
Tapesta, Associates LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
NRAI Services Inc (Name)	2 - Ur 1 - 171 1 - 171 1 - 171 1 - 171 1 - 171	35000
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)		S PH
Plantation FL 33324 City/State/Zip	Sale of	12: 22
Having been named as registered agent and to accept service of process for the above stability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, Statutes. By: NRAI Serv	ent as visions of a with and Florida	all
(Signature) Rachel Glasheen, VP & Assistant Secretary		
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)		



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

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** TAPESTRY ASSOCIATES LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/8/2010.

I FURTHER CERTIFY that as of the date of this certificate, TAPESTRY ASSOCIATES LLC remains active and has complied with the filing requirements of this office.

Date: December 9, 2013

UBI: 602-999-451

CHESTS.

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

Kim Wyman, Secretary of State