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Division of Corporations

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (514)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.****

Email Address: _____

**Foreign Limited Liability Company
 421 NE 6TH ST LLC**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

2021 DEC 21 PM 2:17

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2021 DEC 21 AM 7:48
 SECRETARY OF STATE
 TALLAHASSEE, FL 32399

APPROVED
 AND
 FILED

Electronic Filing Menu Corporate Filing Menu Help

DEC 29 2021

K. Brumbley

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 421 NE 6TH ST LLC
(Name of Foreign Limited 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FIC number, if applicable)

4. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0905, F.S. to determine penalty liability)

5. 925 Fourth Avenue, 39th Floor (Street Address of Principal Office)
Seattle, Washington 98101
6. 925 Fourth Avenue, 39th Floor (Mailing Address)
Seattle, Washington 98101

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
PAUL HANSEL, JR. CLERK

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company 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: C T Corporation System
(Laura Broderick)
(Registered agent's signature) Laura Broderick
Agent/Secretary

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Steve Franceschina</u>	<input type="checkbox"/> Manager	Name: <u>Stuart Gordon</u>
<input type="checkbox"/> Member	Address: <u>925 Fourth Avenue, 39th Floor</u>	<input type="checkbox"/> Member	Address: <u>925 Fourth Avenue, 39th Floor</u>
<input type="checkbox"/> Authorized	<u>Seattle, Washington 98101</u>	<input type="checkbox"/> Authorized	<u>Seattle, Washington 98101</u>
	Person _____		Person _____
<input type="checkbox"/> Other ^{Director} _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other ^{Director} _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Andreas Fischer</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>925 Fourth Avenue, 39th Floor</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Seattle, Washington 98101</u>	<input type="checkbox"/> Authorized	_____
	Person _____		Person _____
<input type="checkbox"/> Other ^{Director} _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
	Person _____		Person _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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. (If 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.

 Signature of an authorized person

--SEE SIGNATURE PAGE ATTACHED--

 Typed or printed name of signer

SIGNATURE PAGE

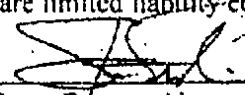
TO


FOREIGN LLC AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Date: December 21, 2021

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 S constitutes a third degree felony as provided for in s.817.155, F.S.

421 NE 6TH ST LLC,
a Delaware limited liability company

By: 
Name: Steve Franceschina
Title: Director

By: 
Name: Stuart Gordon
Title: Director

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "421 NE 6TH ST LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

6378008 8300

SR# 20214171549

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205044504

Date: 12-21-21