12/5/23, 11:35 AM

To:

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000414860 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

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 MATSON INVESTMENTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155,00

Electronic Filing Menu Corporate Filing Menu

Help

Ta:

TO:

COVER LETTER

C T : _	MATSON INVESTMENTS LLC			
_	Name of Limited Liability Company			
	Application by Foreign Limited Liability Co check are submitted to register the above ref			
turn a	ll correspondence concerning this matter to t	he following:		
	Cheyenne Moseley			
		Name of Person		
Legalzoom.com, Inc.				
	Firm/Company			
	101 N Brand Blvd 11th Fl			
		Address		
	Glendale, CA 91203			
	City	/State and Zip Code		
	jordanmatson 14@gmail.com			
	E-mail address: (to be u	sed for future annual	report notification)	
er info	ormation concerning this matter, please call:			
Chey	enne Moseley	800 at (773-0888	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Divisi	LING ADDRESS: on of Corporations tration Section		STREET ADDRESS: Division of Corporations Registration Section	
	Box 6327 passee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	sed is a check for the following amount: make check payable to: FLORIDA DEPAI	RTMENT OF STAT	r F	

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

MATSON INVESTMENTS LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC") Matson Properties 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 "Lit.C."; (Jurisdiction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 603 0905, F.S. to determine penalty liability.) 111308 E 228 PR SE (Street Address of Principal Office) (Mailing Address) Kennewick, WA 99338 Kennewick, WA 99338 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNITED STATES CORPORATION AGENTS, INC. Name: 476 Riverside Ave. Office Address: Jacksonville 32202 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. CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC. (Registered agent's signature)

To:

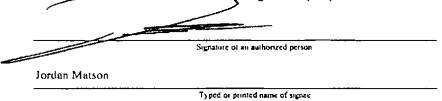
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:	Manager	Name: Jada Matson
■Member	Address:	Member	Address: #11308 E 228 PR SE
Authorized	Kennewick, WA 99338	Authorized	Kennewick, WA 99338
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
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.

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.



Ta:

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

(Name of Limited Liability Company)					
a limited liability company duly organized and exis	sting under the laws of				
WASHINGTON					
(State or Country of Organization)					
Because the name of this foreign limited liability of	ompany does not satisfy the				
requirements of the s. 605.0112, F.S., the limited li	ability company hereby adopts the				
following name to transact business in the state of	Florida:				
Matson Properties LLC					
(Name to be used by limited liability company in Florida. NOTE: N	Name must contain Limited Liability				
	/2-/-2023				
Signature Authorized Person	Date				

THESE -



- 33-5-5



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its scal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

MATSON INVESTMENTS LLC

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 09/05/2023.

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.

1 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: 12/05/2023 UBI Number: 605 328 611

te R Hobbie



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

Steve R. Hobbs, Secretary of State

Date Issued | 12:05/2023