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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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 : INCORP SERVICES INC  
Account Number : 12012000007  
Phone : (702)866-2500  
Fax Number : (702)980-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

Foreign Limited Liability Company  
REGENIS LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

RECEIVED  
2024 MAR -4 AM 11:06  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2024 MAR -4 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REGENIS LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check, are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jaycie Howard  
Name of Person

InCorp Services, Inc.  
Firm/Company

3773 Howard Hughes Parkway, Suite 500S  
Address

Las Vegas, Nevada 89169-6014  
City/State and Zip Code

documents@incorp.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Jaycie Howard on behalf of InCorp Services, Inc. (702) 866 - 2500  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount

Please make check payable to FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. REGENIS 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. Washington 3. 83-0566105
(Division under the law of which foreign limited liability company is organized) (tax number, if applicable)

4. 02/28/2024
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 6920 Salashan Parkway; A-102 6. P.O. Box 2708
(Street Address of Principal Office) (Mailing Address)

Ferndale, WA 98248

Ferndale, WA 98248

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TALLAHASSEE, FL

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

Name InCorp Services, Inc.

Office Address, 3458 Lakeshore Drive

Tallahassee Florida 32312
(City) (Zip Code)

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.

[Signature] Louise Breytenbach on behalf of InCorp Services, Inc
(Registered agent's signature)

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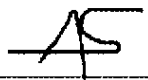
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total).

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>   | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>   |
|---|--|---|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>Todd Kunzman</u>  | <input checked="" type="checkbox"/> Manager | Name: <u>Aaron Smith</u>   |
| <input type="checkbox"/> Member             | Address: _____   | <input type="checkbox"/> Member             | Address: _____   |
| <input type="checkbox"/> Authorized Person  | <u>6920 Salashan Parkway: A-102</u><br><u>Ferndale, WA 98248</u> | <input type="checkbox"/> Authorized Person  | <u>6920 Salashan Parkway: A-102</u><br><u>Ferndale, WA 98248</u> |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____                             | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> Manager            | Name: <u>Bryan VanLoo</u>  | <input type="checkbox"/> Manager            | Name: _____  |
| <input type="checkbox"/> Member             | Address: _____   | <input type="checkbox"/> Member             | Address: _____   |
| <input type="checkbox"/> Authorized Person  | <u>6920 Salashan Parkway: A-102</u><br><u>Ferndale, WA 98248</u> | <input type="checkbox"/> Authorized Person  | _____  |
| <input type="checkbox"/> Other _____        | <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 Person  | _____  | <input type="checkbox"/> Authorized 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.

Aaron Smith

\_\_\_\_\_  
Typed or printed name of signer

UNITED STATES OF AMERICA

The State of  Washington

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

REGENIS 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 04/09/2018.

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: 03/01/2024  
UBI Number: 604 254 883



In my official hand and the Seal of the State of Washington at Olympia, the State of Washington

Steve R. Hobbs, Secretary of State

Date Issued: 03/01/2024