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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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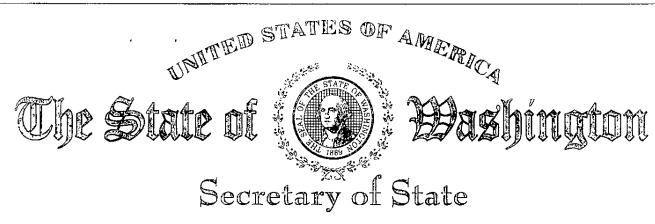
COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 3325	BAY SHOP	2E CI5 Limited Liability Company	LC
			ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondence conce	erning this matter to the	following:	
ERIC	BRAND	I € S une of Person	
	Fi	rm/Company	7,00
39003	3 2544	AVE SE	
ENUM	City/Si	/A 98022 ate and Zip Code	-
eric.b	randjes mail address to be used	o gmai. C	tification)
For further information concerning this	s matter, please call:		
ERIC BRAN Name of Co	Intact Person		275 7396 ytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clitton F 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301
	emount: \$130.00 Filing Fee & ertificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 3325 BAY	SHORE C15	LLC		
(Name of Foreign Limited 15	ability Company; must include "Lim	ited Liability Compan	y," "L,L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted	for the purpose of transacting business in [Florida. The alternate nan	e must include "Limited Liabi	lity Company," "1L,C," or "LLC,")
2. STATE OF WA (Jurisdiction under the law of which foreign)	SH ING TO N imited liability company is organized)	3	(FEI numbe	r, if applicable)
4				
(Date (See s	first transacted business in Florida, if prior ections 605.0904 & 605.0905, F.S. to deter	to registration.) rmine penalty liability)		
5. 39003 2543 (Street Address of Principal Offi	HAVE SE	6	SAME (Mailing Addre	58)
ENUMCIAN	WA 98022			
7. Name and street address of Flor	ida registered agent: (P.O. Be	ox NOT acceptab	ele)	A Co
	SEPH A. A	ASHER	,	CREATE AND A
Office Address:	523 BAYSHOR	ZE BLVD		3881 6-)
	TAMPA	,	Florida 3361	
Registered agent's acceptance:	(City)		(Zip code)	[0] :
Having been named as registered designated in this application, I had to comply with the provisions of a and accept the obligations of my p	ereby accept the appointment Il statutes relative to the proposition as registered agent.	as registered age er and complete p	ent and agree to act i	n this eapacity. I further agre
8. The name, title or capacity and	V	r's signature) has/have authority	v to manage is/are	
Title or Capacity:	Name and Address:	Title or C	_	Name and Address:
MANAGE MENOR	ERIC BRANDIE	5		
•	39003 2514 AUZ	8022		
May any longue be	he Asher			
	CAMPA FL 33411	31 <u>-</u> d		
(Use attachments if necessary)			•	
9. Attached is a certificate of existe jurisdiction under the law of which of the translator must be submitted	it is organized. (If the certific			
-	Signat	re of an authorized perso	нз	
10. This document is executed in a submitted in a document to the Dep	ccordance with section 605.02 partment of State constitutes a	:03 (1) (b), Florida third degree felon	a Statutes. I am aware y as provided for in s	that any false information .817.155, F.S.



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

CERTIFICATE OF FORMATION

to

3325 BAYSHORE C15 LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 4/4/2017

UBI Number: 604-110-751



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

Kim Wyman, Secretary of State

Date Issued: 4/10/2017