# 73000001350

(Requestor's Name)
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(Business Entity Name)
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S FRAMMLIN MAR - 0 2023

### **COVER LETTER**

	stration Section sion of Corporations					
SUBJECT:	Watch Me Grow Inc.					
0000000		Name of corporation	n - must i	nclude suffix		
Dear Sir or M	ladam:					
"Certificate o	"Application by Forei of Existence," or "Certi- need foreign corporation	ificate of Good Sta	inding" ar	nd check are sub		
Please return	all correspondence co	ncerning this matte	er to the f	ollowing:		
Shelby Miller						
		Name o	f Person			
Watch Me Gro	ow Inc.					• .
		Firm/Co	mpany			· ·
15533 Miami	Lakeway N Apt 202					
		Add	ress			<del></del> :
Miami Lakes,	Florida, 33014					
		City/State	and Zip c	ode		•
shelbydmiller	@gmail.com					
	E-mail a	ddress: (to be used	for futur	e annual report n	notification)	
For further in	formation concerning	this matter, please	call:			
Shelby Miller		at (	577-4136			_
Nam	ne of Person	Area Co	de	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	~	DA DEPARTMEN	☐ \$78.75	ATE Filing Fee & ied Copy	S87.50 Filii Certificate Certified C	of Status &

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

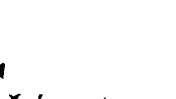
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Watch Me Grow			
(Enter name of col "Inc.," "Co.," "Col	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	
Watch (If name unavailal	ME Grow ABA Inc	lopted for the purpose of transacting bus	iness in Florida)
2. Washington	under the law of which it is incorporated) 3.		<del> </del>
(State or country	under the law of which it is incorporated)	(FEI number, if applica-	ble)
4. 10/26/2022	5		
4. 10/26/2022 5. (Date of incorporation) (Date of duration, if other than perpendicular t			perpetual)
6 N/A			
V	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  2, F.S., to determine penalty liability)	
7. 212 31st Ave S. S	eattle, WA, 98144		
	(Principal offic	e <u>street</u> address)	
15533 Miami Lak	teway N Apt 202, Miami Lakes, FL, 33014		<u>_</u>
	(Current mailing	address, if different)	نجيء
8. Name and stree	t address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	
Name:	Shelby Miller		2
Office Address:	15533 Miami Lakeway N Apt 202		
Office Address.	Miami Lakes	, Florida 33014	
	(City)	(Zip code)	, ,
designated in this	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointn comply with the provisions of all statutes re with and accept the obligations of my pos	ient as registered agent and agree to elative to the proper and complete p	) UC
	Shelly Mi	Ur gnature)	_
	(Registered agent's si	gnature)	
10. Attached is a	certificate of existence duly authenticated,	not more than 90 days prior to deliv	ery of this application to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	·			
□Chairman	Shelby Miller Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Apt 202	□Director		
□President	Miami Lakes, FL 33014	□President		
□Vice President	<del></del>	□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
Other CEO	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	☐Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	Secretary		□Treasurer
□Other	Other	Other		□Other
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme	nt of State Annual R		urposes only. Non-indexed
	Signature of Director o	r Officer		
	ctor signing this document (and who is listed in number also information submitted in a document to the Depart			
\$.017,133, F.S.				



-22222

## The State of



## Washington

### 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

#### WATCH ME GROW INC.

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 10/26/2022.

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: 01/10/2023

UBI Number: 604 992 018



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

tu R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued OT 10 2023



February 2, 2023

SHELBY MILLER 15533 MIAMI LAKEWAY N APT 202 MIAMI LAKES, FL 33014 US

SUBJECT: WATCH ME GROW INC. Ref. Number: W23000014337

We have received your document for WATCH ME GROW INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

RECFIVED
FEB 2 7 2023

Letter Number: 923A00002590