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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certifiec Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

M. SOLOMON JUL 2 6 2023

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COVER LETTER

TO:	Registrati Division o						
SHRJ	ECT: PLA	ACE, INC.					
3017	LC1		Name of corpora	ation - mus	t include suffix		
Dear S	Sir or Madai	n:					
"Certif	ficate of Exi	istence," o	by Foreign Corporation or "Certificate of Good rporation to transact but	Standing"	and check are sub		
Please	return all co	errespond	ence concerning this m	atter to the	following:		
SHAW	'N MOOME	Y					
			Nam	e of Person			
PLACI	E. INC.						ي الله
			Firm/	Company	·		55 C
2211 R	IMLAND D	R STE 124					
-	•		Ŋ	ddress			الالالا Si د
BELLI	NGHAM W.	A. 98226					
			City/Sta	ate and Zip	code		
ENTIT	TES@PLAC						
		Б	-mail address: (to be u	sed for futu	re annual report i	notification)	
For fur	ther inform	ation con	cerning this matter, plea	ase call:			
			at (_
	Name of	Person	Area	Code	Daytime Telep	hone Number	
			ER ADDRESS:		MAILING A		
Registration Section Division of Corporations		Registration Section Division of Corporations					
	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			P.O. Box 6327			
	Tallahasse				Tallahassee, F	fL 32314	
			ollowing amount:	ENT OF ST	· «mp		
	make check p 1.00 Filing F		FLORIDA DEPARTM \$78.75 Filing Fee &		ATE 75 Filing Fee &	□ \$87.50 Filir	ng Fee.
			Certificate of Status		fied Copy		of Status &

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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.

PLACE FLORII	DA, INC.		
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business	in Florida)
DELAWARE	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
JANUARY 27T	H 2012 5		
(Date of incorporation) 5.		(Date of duration, if other than perpet	ual)
JUNE 15TH 202			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) , F.S., to determine penalty liability)	
2211 RIMLAND	DRIVE STE 124, BELLINGHAM, WA 98226	1 2	
	(Principal office s	street address)	· .
•			2.0
	(Current mailing a	ddress, if different)	700 5210
			\
Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	b PM 3: 59 CY OF STATE SEELELORIDA
Name:	REGISTERED AGENT SOLUTIONS, INC.	_	် ၁၈ ၁၈ မှ
ffice Address:	2894 REMINGTON GREEN LN. STE A		- ∰ H H 99
office Address.	TALLAHASSEE	— 32308 Florida	
	(City)	(Zip code)	
laving been nam	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes related	t as registered agent and agree to act in	i this capacit

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS				
■ Chairman	Name:	□Chairman	Name:	 ,
□Vice Chairman	Address: 2211 RIMLAND DRIVE	□Vice Chairman		· · · · · · · · · · · · · · · · · · ·
□Director	STE 124 BELLINGHAM WA, 98226	□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
	ROSS CLAWSON			
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	∐Vice Chairman	Address:	
□Director	STE 124 BELLINGHAM WA, 98226	☐Director		
□President		□President		2023
□Vice President		□Vice President		÷.: •
■ Secretary	□Treasurer	□ Secretary		Treasurer 20
□Other	Other	□Other		□Other □© □
_		_		3: 5: TOXIE LOXIE
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President	<u></u>	□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		□Treasurer
□Other	□ Other	□Other	_	□Other
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departme			ourposes only, Non-indexed
12		700		
	Signature of Director of Signature of Director of Signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms th	nat the facts state	d herein are true and that he or
13	(Typed or printed name and capacity of person	on signing application	,	
	to the second of	e e a manifest	• •	

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PLACE, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY, A.D. 2023.

Authentication: 203390294

Date: 05-22-23



July 11, 2023

SHAWN MOOMEY PLACE, INC. 2211 RIMLAND DR STE 124 BELLINGHAM, WA 98226

SUBJECT: PLACE FLORIDA, INC. Ref. Number: W23000094686

We have received your document for PLACE FLORIDA, INC.. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Check was not signed. Please sign and return with the paperwork to my attention.

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

Mel Solomon Operations Manager A

JUL 2 6 2023

Letter Number: 523A00015345