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COVER LETTER 5.

TO: Registration Section Division of Corporations
SUBJECT: <u>(a pl Diem lacona</u> Co posation
Dear Sir or Madam: 424000044113
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
9290 DD 66 Street
City/State and Zip Code
E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Lissa (Orres at (786) 395-4900 Name of Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$\Begin{array}{c} \$578.75 Filing Fee & \$arr

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

93-252864

(FEI number, if applicable) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) ume 45 4 boxe (Current mailing address, if different) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: ____ 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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.

11. 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.

(Registered agent's signature)

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO	,		
□Chairman	Name: Lissa Torres	DChairman	Name:
□ Vice Chairman	Address: 9290, SW66 Stre	et OVice Chairman	Address:
□Director	miani FC 331] 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:
□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:
Non-indexed indiv	t Notice: Use an attachment to report more that viduals may be added to the index when filing (Signature of Chairman, Vice Chairman, or an	your Florida Department of	of State Annual Report form.
14	(Typed or printed name and capacity	preside	st
	(i ypeu or printed name and capacity	or betähn zikutuk abblicar	(OII)

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

CARPE DIEM TACOMA

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 07/19/2023.

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: 02/23/2024 UBI Number: 605 297 419



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

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 02/23/2024