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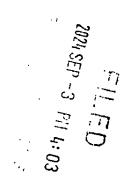
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Landau Associates, Inc.				
001017		f corporation	- must include suffix		
Dear Sir	or Madam:				
"Certifica	osed "Application by Foreign Content of Existence," or "Certificate erenced foreign corporation to tra	of Good Stand	ling" and check are subm		
Please ret	turn all correspondence concernit	ng this matter	to the following:		
Ashleigh	Walker				
		Name of I	Person		
Landau A	ssociates, Inc.				
-		Firm/Comp	pany		
155 NE 1	00th ST, Ste 302				
		Addre	SS		
Seattle, W	⁷ A 98125-8014				
		City/State an	d Zip code		
AWalker(@landauine.com				
	E-mail address:	(to be used fo	or future annual report not	ification)	
For furthe	er information concerning this ma	atter, please ca	all:		
Ashleigh Walker 206		206 at (631-8680		
1	Name of Person	Area Code	Daytime Telepho	ne 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		
Please mal	is a check for the following amore ke check payable to: FLORIDA DE D Filing Fee	PARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy	



August 6, 2024

ASHLEIGH WALKER 155 NE 100 ST STE 302 SEATTLE, WA 98125-8014

SUBJECT: LANDAU ASSOCIATES, INC.

Ref. Number: W24000110859

We have received your document for LANDAU ASSOCIATES, INC. and your check(s) totaling \$87.50. 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 RECEIVED (850) 245-6051.

Tracy L Lemieux 03 2024 Regulatory Specialist II

Letter Number: 224A00017375

8/27/24 1:45p. Jennier www.sunbiz.org Division of Cornerations - P.O. BOX 6327 -Tallahassee, Florida 32314

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.

Landau Associa		
	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
Washington		3. 91-1273329
(State or counti	y under the law of which it is incorporated) (FEI number, if applicable)
11/16/1984		Perpetual 5.
(Date	of incorporation)	(Date of duration, if other than perpetual)
April 2024		
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 17.1502, F.S., to determine penalty liability)
155 NE 100th ST	Ste 302 Seattle Wic	98125-8014
	- CUITE VVV.	
	(Principal	office street address)
Same	(Principal	office <u>street</u> address)
Same	•	office street address) ailing address, if different)
Same	•	
	•	ailing address, if different)
	(Current m.	ailing address, if different)
Name and stree	(Current material (Current material) (Current material) (Current material) (Current material) (Current material)	ailing address, if different) (P.O. Box NOT acceptable)
Name and stree	(Current material decision of Current material decision of Florida registered agent: (InCorp Services, Inc. 3458 Lakeshore Drive	ailing address, if different) (P.O. Box NOT acceptable)
Name and <u>stre</u>	(Current material et address of Florida registered agent: (InCorp Services, Inc.	(P.O. Box NOT acceptable)
Name and stree	(Current material decision of Current material decision of Florida registered agent: (InCorp Services, Inc. 3458 Lakeshore Drive	(P.O. Box NOT acceptable) Florida 32312
Name and <u>stre</u> Name: fice Address:	(Current material address of Florida registered agent: (InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City)	ailing address, if different) (P.O. Box NOT acceptable) 222 232 243 253 264 275 276 277 278 278 278 278 278 278
Name and streen Name: Tice Address: Registered againing been name	(Current materials and to accept see	(P.O. Box NOT acceptable) Plorida 32312 (Zip code) Process for the above stated corporation at the part of the process for the above stated corporation at the part of the p
Name and streen Name: fice Address: Registered agoving been namesignated in this	(Current material address of Florida registered agent: (InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance: led as registered agent and to accept see application, I hereby accept the appo	Applications address, if different) (P.O. Box NOT acceptable) Plant Structure of process for the above stated corporation at the paintment as registered agent and agree to act in Bis capacity.
Name and streed agaving been namesignated in this	(Current material address of Florida registered agent: (InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance: led as registered agent and to accept see application, I hereby accept the appo	ervice of process for the above stated corporation at the paintment as registered agent and agree to act in This capacies relative to the proper and complete performance of my

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	Chip Halbert Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Seattle, WA 98125-8014	Director	Seattle, WA 98122-8014			
President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary	□Treasurer			
□Other	□Other	□Other	□Other			
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Ashleigh Walker Name: 155 NE 100th ST, Ste 302 Address: Seattle, WA 98125-8014 Treasurer Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:Address:			
□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			
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. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Ashleigh Walker						





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

LANDAU ASSOCIATES, 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 11/16/1984.

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: 07/23/2024 UBI Number: 600 557 469

STATE OF THE STATE

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

Ather R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 07/23/2024



9107 West Russell Road Suite 100 Las Vegas, NV 89148-1233

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

07/19/2024

Corporations Division
Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at

3458 Lakeshore Drive, Tallahassee, FL 32312 herein consents to act as Registered Agent for

Landau Associates, Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely

Louise Breytenbach on behalf of InCorp Services, Inc.