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Seemate Research
Requester's Name

Address

City/State/Zip

Phone #

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Avalon Island, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 30 PM 2:11

FILED

- ☒ Walk in ☐ Pick up time ☐ Photocopy
☐ Mail out ☐ Will wait ☒ Certified Copy
☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☒ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☒ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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00 AUG 30 AM 10:46
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

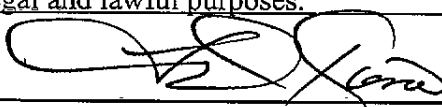
1. AVALON ISLAND, L.L.C.
(Name of foreign limited liability company)
2. Washington 3. 91-1699885
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. September 19, 1995 5. 2025
(Date of organization) (Duration: Year limited liability company will exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1025 - 6th Avenue N.
Kent, WA 98032
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The usual business addresses of the managing members or managers are as follows:

1025 - 6th Avenue N.

Kent, WA 98032

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Purchasing, sale and leasing of real estate and any legal and lawful purposes.


Signature of a member or an authorized representative of a member.
(In accordance with Section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true.)

Ford W. Kiene, Member
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

AVALON ISLAND, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Ford W. Kiene

(Name)

10928 Florida Crown Drive


Florida street address (P. O. Box **NOT** acceptable)

Orlando, FL 32824

City/State/ZIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 608, F.S.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
AVALON ISLAND, L.L.C.

I FURTHER CERTIFY that the records on file in this office show that the
above named limited liability company was formed under the laws of the
State of Washington and was issued a Certificate of Formation
in Washington on September 19, 1995.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the limited liability company is duly authorized to
transact business in the limited liability company form in the State of Washington.

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00 AUG 30 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date: July 27, 2000

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

SBF 
Ralph Munro, Secretary of State