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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	Office Use Only	,

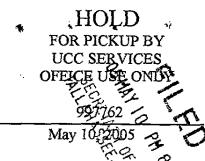


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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528



CORPORATION NAME (S) AND DOCUMENT NUMBER (S

		Peter F	an :	LLC			A A A A A A A A A A A A A A A A A A A
	g Evidence /Confirmation	on Copy				Type of Docum	
		~ <b>~</b> ~ ~ ~ ~ ,	7				
□ Certii	fied Copy				J (	Certificate of Go	od Standing
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NEW FII	LINGS		_	AMENDMENTS			
Profit				Amendment			
Non Prof	it			Resignation of RA O	)ffi	icer/Director	
Limited L	Liability		_	Change of Registered	d A	Agent	
Domestic	ation			Dissolution/Withdray	wa	ıl	
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Annual R	eports			Foreign			
Fictitious	Name		X	Limited Liability			
Name Re	servation			Reinstatement			
Reinstate	ment			Trademark			
				Other			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATIO TRANSACT BUSINESS IN FLORIDA

Peter Pan LLC	
	oreign Limited Liability Company)
Washington	a 84-1678327
(Jurisdiction under the law of which foreign is company is organized)	imited liability . (FEI mumber, if applicable)
May 2, 2005	ς Perpetual
(Date of Organization)	(Diration: Year limited hability company will cease to exist or "perpetual")
Upon qualification	
(Date first transacte (See sections 608.50)	ed business in Florida, if prior to registration.)  1 & 608.502 F.S. to determine penalty liability)
5710 West Mercer Way	• • •
Mercer Island, WA 98040	
	(Street Address of Principal Office)
The name and usual business address  Jeffery L. Poppe, 5710 West Mercer Wa	es of the managing members or managers are as follows:  ay, Mercer Island, WA 98040
Anita D. Danna 2740 Wast \$5	y, Mercer Island, WA 98040
Arita K. Poppe, 37 to west werder way	
Arma K. Poppe, 5710 west mercer vyer	
O. Attached is an original cartificate of existence, i ejurisdiction under the law of which it is organiz	ed. (A photocopy is not acceptable. If the certificate is in a foreign language, a
O. Attached is an original certificate of existence, a rejurisdiction under the law of which it is organized and an of the certificate under oath of the transl	
O. Attached is an original certificate of existence, a ejurisdiction under the law of which it is organized as a soft of the translation of the certificate under outh of the translation.  Nature of business or purposes to be	ed (Aphotocopy is not acceptable. If the certificate is in a foreign language, a ator must be submitted.)  conducted or promoted in Florida: real estate ownership
O. Attached is an original certificate of existence, a ejurisdiction under the law of which it is organization of the certificate under oath of the translat.  Nature of business or purposes to be a fact that the certificate and the certificate of the certificate and the certificate of the certificate and the certificate of the certificate of existence, and the certificate of existence and the certificate a	ed (Aphotocopy is not acceptable. If the certificate is in a foreign language, a ator must be submitted.)  conducted or promoted in Florida: real estate ownership

Typed or printed name of signee

Jeffery L. Poppe

## 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.

P <b>et</b> er Pan LLC	of the Limited Liability	y Company 10.	
2. The name a	and the Florida street a	iddress of the registered agent and office are:	
	NRAI Services, Inc.		
		(Name)	
	2731 Executive Park	Drive, Suite 4	
	Florida St	trect Address (P.O. Box NOT ACCEPTABLE)	
	Weston,	FL 33331	
		City/State/Zip	

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, Florida Statutes.

Hism Hand ASST SEC (Signature)

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



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

#### PETER PAN LLC

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 WA and was issued a Certificate Of Formation in Washington on 5/2/2005.

I FURTHER CERTIFY that as of the date of this certificate, PETER PAN LLC remains active and has complied with the filing requirements of this office.

Date: May 9, 2005

UBI: 602-499-066



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

Sam Reed, Secretary of State