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COVER LETTER

	ration Section on of Corporations			
SUBJECT:	ESKRIDGE C	APITAL, LLC		
Seboner.	(Name of Lim	ited Liability Company)		
Florida," Cert		bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited		
Please return	all correspondence concerning this m	natter to the following:		
	STEPHEN J. STR	ALEY, ESQ.		
	(Na	me of Person)		
	STRALEY & OFTO, P.A.			
	(Firm/Company)			
	2699 STIRLING	ROAD, SUITE C-207		
		(Address)		
	FORT LAUDERDAL	E, FLORIDA 33312		
	(City/St	ate and Zip Code)		
For further in	formation concerning this matter, ple	ase call:		
STE	PHEN J. STRALEY, ESQ.	at (954)962-7367		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
MAII	LING ADDRESS:	STREET ADDRESS:		
	on of Corporations	Division of Corporations		
	30x 6327	Clifton Building		
Tallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	check for the following amount: 5.00 Filing Fee \$\square\$\$130.00 Filing Fee & Certificate of	☐\$155.00 Filing Fee & ► \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy		

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.

The name of the Limited Liability Company is: ESKRIDGE CAPITAL LLC			9
			一 题 星 五
2. The name and the Florida str	eet address o	of the registered agent and office are:	OT JUN 14 MAIN: 02 SECONDARY OF STATE TAIL MAINS OF STATE TAIL MAI
STR	ALEY & OF	IO, P.A.	FF ST II. O
		(Name)	- AND 2
26 9	9 STIRLIN	G ROAD, SUITE C-207	ŕ
Flor	ida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	_
FÓRI	LAUDERDA	LE, FL 33312 City/State/Zip	_
liability company at the place deagent and agree to act in this cap relating to the proper and comply	signated in the pacity. I furth ele performa	o accept service of process for the abovenis eertificate, I hereby accept the appoiner agree to comply with the provisions nee of my duties, and I am familiar with as provided for in Chapter 608, Florid	ntment as registered of all statutes and accept the
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ESKRIDGE CAPITAL, LLC (Name of Foreign Limited Liability Company) UBI# 602-601-866 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) APRIL 4, 2006 PERPETUAL (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 2210 89TH AVENUE N.E., CLYDE HILL, WASHINGTON 98004-2458 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: JOE ESKRIDGE, 2210 89TH AVENUE N.E., CLYDE HILL, WASHINGTON 98004-2458 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: OWNERSHIP AND MANAGEMENT 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 penaltics of perjury that the facts stated herein are true.)

JOE ESKRIDGE

Typed or printed name of signee



The State of Washington

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 ESKRIDGE CAPITAL, 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 4/4/2006.

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

Date: April 23, 2007

UBI: 602-601-866



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

Sam Reed, Secretary of State