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EXAMINER



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TALLAHASSEE, FLORIDA

FILED STORE TARY OF STATE OF CORPORATION



ACCOUNT NO. : 12000000195
REFERENCE : 986394 4321805
AUTHORIZATION: Spullelena
COST LIMIT : \$ 125.00
ORDER DATE: November 18, 2011
ORDER TIME : 9:17 AM
ORDER NO. : 986394-005
CUSTOMER NO: 4321805
FOREIGN FILINGS
NAME: MADRONA CONCEPTS LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Becky Peirce EXT# 2919
EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT REISINESS IN THE STATE OF FLORIDA.

	DIAMILIT CONFANT TO INAMACI BOSINESS IN THE STATE OF FLORIDA.
1. <u>M</u>	ADRONA CONCEPTS LLC
	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	· ·
	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
conser	of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Compa	ny," "L.L.C," "LLC.")
2 W	SHINGTON 3 45-1634134
Jur	diction under the law of which foreign limited liability (FEI number, if applicable)
com	pany is organized)
4 AF	Pany is organized) RIL 13, 2011 5. PERPETUAL
· -	(Date of Organization) (Duration: Year limited liability company will cease to
	exist or "perpetual")
6 NO	VEMBER 17, 2011
٠	(Date first transacted business in Florida, if prior to registration.)
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 26	1 EVERGREEN POINT ROAD
MI	DINA, WA 98039
	(Street Address of Principal Office)
0 161	inited tickitis.
ō. II	mited liability company is a manager-managed company, check here
Q Th	name and usual business addresses of the managing members or managers are as follows:
<i>7</i> . 11,	thance and usual business addresses of the managing memoers of managers are as follows.
R	JSSELL ZYLSTRA PO BOX 494, MEDINA, WA 98039
_	
В	ENJAMIN ZYLSTRA PO BOX 494, MEDINA, WA 98039
_	
10 44	
	iched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
-	diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a on of the certificate under oath of the translator must be submitted.)
	·
11. N	ature of business or purposes to be conducted or promoted in Florida: MANUFACTURE,
	SIGN AND SALE OF GOLFING EQUIPMENT /
	SIGNAL BALLE OF GODE AND BOOK MALLY
	the state of the s
	Signature of a member or an outhorized representative of a member
	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 stated herein are true. I am aware that any 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.)
•	BENJAMIN ZYLSTRA
	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.

i. The name of the L	imited Liability C	Company is:	
MADRONA CONCI	EPTS LLC		
If unavailable, the alto	ernate to be used i	in the state of Florida is:	
2. The name and the	Florida street add	ress of the registered agent and office are:	
Corporation Service Company (Name)			
1201	Hays Street Florida Stree	et Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
Talla	hassee	FL 32301	

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.

By: Asst. Vice President

(Signature)

Becky Peirce

Asst. Vice President

\$ 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 MADRONA CONCEPTS 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 4/13/2011.

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

Date: November 18, 2011

UBI: 603-103-792

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

Sam Reed, Secretary of State