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| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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SECRETARY OF SIVE DIVISION OF CITY OF LIFE

JUN 09 2014 J. HARRIS

#### **COVER LETTER**

TO: R

Registration Section
Division of Corporations

Bainbridge Place HLD, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Steven J. Kelley

Name of Person

Kelley Goldfarb Huck & Roth, PLLC

Firm/Company

700 Fifth Ave., Suite 6100

Address

Seattle, WA 98104

City/State and Zip Code

stevek@kelleygoldfarb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven J. Kelley

,,206

452-0260

Name of Contact Person

Area Code

Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Bainbridge Place HLD, LLC   |
|--|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")  |
| <sub>2.</sub> Washington <sub>3.</sub>   |
| (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)  |
| 4. May 19, 2014  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)   |
| 5. 320 Dayton St., Suite 127   |
| Edmonds, WA 98020  |
| (Street Address of Principal Office)  6. 320 Dayton St., Suite 127   |
| Edmonds, WA 98020  |
| (Mailing Address)  |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:   |
| Michael K. Matysik, as Member/Manager of JMM Sequoia Properties, LLC, 320 Dayton St., Suite 127, Edmonds, WA 98020   |
| D. Michal Ballard, Member/Manager of JMM Sequoia Properties, LLC, 320 Dayton St., Suite 127, Edmonds, WA 98020   |
|  |
|  |
| 8. 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)    |
| Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are the 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.) |
| Steven J. Kellev   |

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

|                 | f the Limited Liability C   | • •  |          |
|-----------------|---|--|----------|
| If unavailable, | the alternate to be used i  | in the state of Florida is:                  |          |
| 2. The name a   | nd the Florida street add   | ress of the registered agent and office are: | BIVISION |
|                 | C T CORPO   | RATION SYSTEM                                |          |
|                 |   | (Name)                                       | P M      |
|                 | 1200 S PINE ISLAND RD  Florida Street Address (P.O. Box NOT ACCEPTABLE) |  |          |
|                 |   |  |          |
|                 | PLANTATION  | FL 33324                                     |          |
|                 |   | 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 605, Florida Statutes.

(Signature)

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



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** BAINBRIDGE PLACE HLD, 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 4/29/2014.

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

Date: May 15, 2014

UBI: 603-399-392



AND THE PARTY OF T

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

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Kim Wyman, Secretary of State