

Division of Corporations

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**M14000006129**

Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
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**RECEIVED**  
14 AUG 26 AM 6:40  
DIVISION OF CORPORATIONS  
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INFORMATION SERVICES

**Foreign Limited Liability Company**  
**BLIME GIFTS, LLC d/b/a SUBLIME GIFTS AND FINDS, LL**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sublime Gifts, 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:

Cheryl Larson

\_\_\_\_\_  
Name of Person

Sublime Gifts, LLC

\_\_\_\_\_  
Firm/Company

19500 Ballinger Way NE, Suite 200

\_\_\_\_\_  
Address

Shoreline, WA 98155

\_\_\_\_\_  
City/State and Zip Code

stacey@somethingsilver.com

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

For further information concerning this matter, please call:

Stacey Seaburgh

\_\_\_\_\_  
Name of Contact Person

at (206

\_\_\_\_\_) Area Code

860-6000 ext 216

\_\_\_\_\_  
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  
TRANSACTION BUSINESS IN FLORIDA**

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

1. Sublime Gifts, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

Sublime Gifts and Finds, 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.")

2. Washington State 3. 47-1316320  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

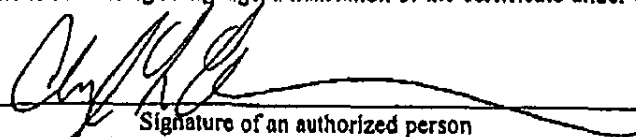
5. 1670 E. Buena Vista Dr., Space A, Lake Buena Vista, FL 32830  
\_\_\_\_\_  
(Street Address of Principal Office)

6. 1670 E. Buena Vista Dr., Space A, Lake Buena Vista, FL 32830  
\_\_\_\_\_  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Cheryl Larson, Manager  
19500 Ballinger Way NE, Suite 200  
Shoreline, WA 98155

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 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.817.135, F.S.)

Cheryl Larson, Manager  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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.

1. The name of the Limited Liability Company is:

Sublime Gifts, LLC

If unavailable, the alternate to be used in the state of Florida is:

Sublime Gifts and Finds, LLC

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

NRAI Services, Inc

(Name)

1200 South Pine Island Road

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.*

By. 

(Signature)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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UNITED STATES OF AMERICA

# The State of Washington



Secretary of State

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

**CERTIFICATE OF EXISTENCE/AUTHORIZATION  
OF  
SUBLIME GIFTS, 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 5/16/2014.

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

Date: August 12, 2014

UBI: 603-412-112



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

Kim Wyman, Secretary of State

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14 AUG 26 PM 3:51  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA