Division of Corporations

Division of Corporations Electronic Filing Cover Sheet Page 1 of 1

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

			(((H15000003942 3)))	
			H150000039423ASCY	
		Note: DO N	OT hit the REFRESH/RELOAD button on your browser from Doing so will generate another cover sheet.	this page.
		To:	Env. Number . (050)617-6383	la original filing
		Fro	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368	omission <u>wa</u>
	*	annual	email address for this business entity to be used report mailings. Enter only one email address plea	for future
RECEIVED	15 JAN -7 AH 10: 00	VYSION CF CONFORATIONS SUREAU OF CONNERCIAL INFORMATION SERVICES	Foreign Limited Liability Company ICON JEWELLERY BY BICO, LLC Certificate of Status Certified Copy Page Count Estimated Charge S125.00	FILED 15 JAN: 7 OF STATE ALLAHASSEE, FLORIDA
		-	S. YO	UNG

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January 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: ICON JEWELLERY BY BICO, LLC

REF: W15000000975

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

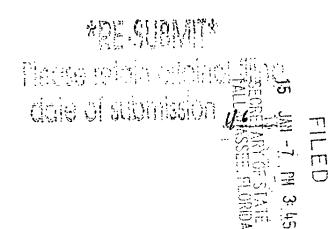
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia E Young Regulatory Specialist II FAX Aud. #: B15000003942 Letter Number: 115A00000265





COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: Icon Jewellery by Bico, LLC									
Name of Limited Liability Company									
The enclosed "Application by Foreign Limited Lia Existence, and cheek are submitted to register the	bility Company for Authorization to Transact Business in Flor above referenced foreign limited liability company to transact	ida," Certificate of ousiness in Florida							
Please return all correspondence concerning this m	atter to the following:								
Cheryl Larson									
	Name of Person	- 							
Icon Jewellery by Bico, LLC									
	Firm/Company								
19500 Ballinger Way NE, Suite 200									
	ं ज								
Shoreline, WA 98155									
	City/State and Zip Code								
stacey@somethingsilver.com									
E-mail addres	s: (to be used for future annual report notification)								
For further information concerning this matter, please call:									
Stacey Scarburgh	at (206) 860-6000 ext 216 Area Code Dayrime Telephone Numbe	JAN -7 PH 3-1							
Name of Contact Person	Area Code Dayrime Telephone Number	1 1 E SS 1							
MAILING ADDRESS:	STREET ADDRESS:	開心							
Division of Corporations	Division of Corporations								
Registration Section	Registration Section								
P.O. Box 6327 Tallahassee, PL 32314	Clifton Building	등 등 기계							
Latianassee, FL 32314	2661 Executive Center Circle Tallahassee, PL 32301	第五							
Enclosed is a check for the following amo	unt:								
⊠ \$125.00 Filling Fee ☐ \$130.00 Fill Certificate of	ng Fee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fe								

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:

une unavailable, enter alternate u	name adopted for the purpose of transacting business in Florida. The alternate name	ne must include "Limite
bility Company," "LLLC," or "LL	c. ₇	
Washington State Jurisdiction under the law of whic	th foreign limited liability (FEI number, if applicate	ole)
company is organized)	(complianted and completely and comp	,
		75 T
(\$	(Date first transacted business in Florida, if prior to registration.) see sections 605.0904 & 605.0903, F.S. to determine penalty liability)	COR
1660 E. Buena Vista Drive	Space B, Lake Buena Vista, FL 32830	
	(Street Address of Principal Office)	
	,	끈성
1660 E. Buena Vista Drive	Space B, Lake Buena Vista, FL 32830	<u></u>
		크
The name, title or capac	(Mailing Address) Fity and address of the person(s) who has/have authority to ma	mage is/are:
heryl Larson, Manager	city and address of the person(s) who has/have authority to ma	anage is/are:
heryi Larson, Manager 9500 Ballinger Way NE, Suite	city and address of the person(s) who has/have authority to ma	unage is/are:
heryl Larson, Manager 9500 Ballinger Way NE, Suite horeline, WA 98155 Attached is an original coaving custody of records in	city and address of the person(s) who has/have authority to ma	icated by the offic
heryi Larson, Manager 2500 Ballinger Way NE, Suite horeline, WA 98155 Attached is an original coaving custody of records in exceptable. If the certificate	city and address of the person(s) who has/have authority to ma	icated by the offic
heryi Larson, Manager 2500 Ballinger Way NE, Suite horeline, WA 98155 Attached is an original coaving custody of records in receptable. If the certificate sust be submitted)	city and address of the person(s) who has/have authority to ma	icated by the office hotocopy is not oath of the transle
heryi Larson, Manager 9500 Ballinger Way NE, Suite horeline, WA 98155 Attached is an original coaving custody of records in acceptable. If the certificate out be submitted)	ertificate of existence, no more than 90 days old, duly authent in the jurisdiction under the law of which it is organized. (A pie is in a foreign language, a translation of the certificate under Signafure of an authorized person.	icated by the office hotocopy is not oath of the transle

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.

	Limited Liability Company is:
Icon Jewellery by Bico,	шс
If unavailable, the al	ternate to be used in the state of Florida is:
2. The name and the	Florida street address of the registered agent and office are;
Nati	onal Registered Agents, Inc
	(Name)
120	O South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plan	tation FL 33324 ST ST
	Citysaaczip
liability company at registered agent and statutes relating to th	us registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as agree to act in this capacity. I further agree to comply with the provisions of all an eproper and complete performance of my duties, and I am familiar with and as a familiar with and as a familiar with and as a familiar with an acceptance of my duties, and I am familiar with and as a familiar with an acceptance of my duties, and I am familiar with an acceptance of my duties.
	Consider Bryan
<u>Ву:</u>	(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, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ICON JEWELLERY BY BICO, 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 saided at Certificate Of Formation in Washington on 12/11/2014.

I FURTHER CERTIFY that as of the date of this certificate, ICON JEWELLERY BY BICO, LLC remains active and has complied with the filing requirements of this office

Date: December 16, 2014

UBI: 603-459-244



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

Kim Wyman, Secretary of State