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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NORTHWEST REGISTERED AGENT LLC

Account Number: 120090000081 Phone: (509)768-2249 Fax Number: (855)330-1010

*Enter the ema	ail address	for this bu	isiness entity	y to be use	ed for future
annual repo	ort mailings	. Enter on	ly one email	address p	lease.**

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Foreign Limited Liability Company THEBESTREFI LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

JUL 28 2015

J SHIVERS

Help



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:

THEBESTREFILLC	33 IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting Liability Company," "L.L.C," or "LLC.")	business in Florida. The alternate name must include "Limited
2. WASHINGTON 3. N/	A
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. N/A	
(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to d	f prior to registration.) etermine penalty liability)
5. 1000 BRISTOL STREET NORTH 412, N	NEWPORT BEACH, CA 92660
(Street Address of Princ	
_{6.} 3030 NORTH ROCKY POINT DRIVE, SI	JITE 150A, TAMPA,賽⊵ 3 3 607
(Mailing Addre	55) SS 7 (PART)
7. The name, title or capacity and address of the person(s) v	vho has/have authority to manage is/are:
PERRY POLO, MEMBER	7 7
3030 NORTH ROCKY POINT DRIVE, SL	JITE 150A. TAMPASEE 33607
	1337
8. Attached is an original certificate of existence, no more th	
having custody of records in the jurisdiction under the law or acceptable. If the certificate is in a foreign language, a transl	
must be submitted)	anon of the certificate under oath of the translator
To and	
Simotono of on ovelo	and warmer to be a second to be second to be a second to be a second to be a second to be a seco
Signature of an author (In accordance with section 605.0203, F.S., the execution of this document constitutes an am aware that any false information submitted in a document to the Department of State of	affirmation under the penalties of perjury that the facts stated herein are true. I
BILL HAVRE	

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.

	the Limited Liability Company	y is:			
If unavailable, th	he alternate to be used in the st	tate of Florida is:			
2. The name an	d the Florida street address of	the registered agent and offic	ce are:		
	15. ALL	•			
	(Name)				
	3030 N. Rocky	Point Dr., STE 1	JUL 27 50A 50A	Earten. Philipse g	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tampa	FL 33607 City/State/Zip	7: 05 STATE LORIDA	To Livery	

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)

(44)

STATES OF A

The State of



Washington

THREE

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

THEBESTREFI 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 4/29/2015.

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

Date: July 24, 2015

UBI: 603-501-961



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

Kim Wyman, Secretary of State