## M1500007667

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## **COVER LETTER**

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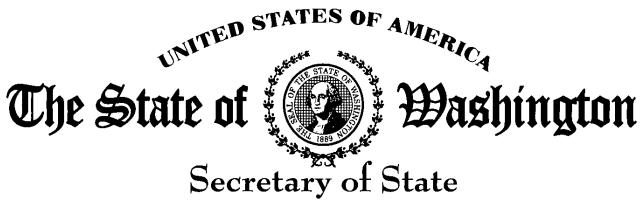
**Registration Section** 

Division of Corp	orations				
Liberum, LL: SUBJECT:	C				
	Name of Limited Liability Company				
The enclosed "Application Existence, and check are so	by Foreign Limited Liability Con ibmitted to register the above refe	npany for Authorization to Terenced foreign limited liabili	ransact Business in Florida." Certificate of the company to transact business in Florid		
Please return all correspond	dence concerning this matter to th	e following:			
Brent ca	π				
	· \\	Name of Person			
Liberum	LLC				
	Firm/Company				
15210 29	Oth DR SE				
		Address			
Mill Cre	ek, WA 98012				
	City/	State and Zip Code			
bcarr@libe	erumnow.com				
	E-mail address: (to be use	ed for future annual report no	etification)		
For further information con	cerning this matter, please call:				
Brent Carr		425 999-42 at ( )	256 x201		
7	lame of Contact Person		ytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton E 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301		
Enclosed is a check for the  □ \$125.00 Filing		☐ \$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 COMPILANCE WITH SECTION 605.0002, FLORIDA SETUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANYTOTRANSACT BUSINESS IN THE SECTION FLORIDA:

Liberum, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C." or "LLC.")	must include "Limited
2. State of Washington 3. 27-1228447	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-
4. upon registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 15210 29th DR SE	
Mill Creek, WA 98012	
(Street Address of Principal Office)	
6, 15210 29th DR SE	CD CD
Mill Creek, WA 98012	Succession Section 1975
(Mailing Address)	or area to the first the f
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: <u>Jacop Services, Trc.</u>	ל ל
Office Address: 17888 67th Court North	4
Loxahatchee , Florida 33470	1 tj
(City) (Zip code)	
Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this c	apacity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, a accept the obligations of my position as registered agent.	na 1 am januuar wuu an
Caclein Ollehous on behalf of Incom Services	Inc.
(Registered agent's signature)	<b>,</b>
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Brent Carr. MbR 15210 29th DR SE, Mill Creek, WA 98012	
Danielle Carr, MBQ 15210 29th DR SE, Mill Creek, WA 98012	
Jeremiah Whitehall, mbc. 15210 29th DR SE. Mill Creek, WA 98012	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cus	tody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of th	e certificate under oath
of the translator must be submitted)	
Signature of an authorized person	
• ,	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fa submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15	lse information 5, F.S.
Typed or printed name of signee	
' Typed or printed name of signee	



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

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF LIBERUM, 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 10/28/2009.

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

Date: September 22, 2015

UBI: 602-966-238

THURS.

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

-31203

Kim Wyman, Secretary of State