

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2017 MAY 31 PM 3:15

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M15000007874

1. Limited Liability Company's Name  
**Imagenet LLC**

2. Principal Office Address - No P.O. Box #

**6411 S 216th Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**6411 S 216th Street**

Suite, Apt. #, etc.

City & State

**Kent, WA**

City & State

**Kent, WA**

Zip

**98032**

Country

**USA**

Zip

**98032**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable) Suite.

**1200 South Pine Island Road**

Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33324**

CR2E041 (1/14)

4. State/Country of Formation

**Washington**

5. Date Organized or Qualified  
To Do Business in Florida

**10/01/2015**

6. FEI Number

**47-0885172**

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

300299851053  
05/31/17--01011--016 \*\*377 50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of  
Registered Agent

*Carol Berg*

Carol Berg, Asst. Secretary

Date **5/31/2017**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	Steve Strawn	6411 S 216th Street	Kent, WA 98032

**REINSTATEMENT**

**MAY 31 2017**

**R. HUNT**

11. E-mail Address: **osandvik@imagenetllc.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 805, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 805.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that 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.

Signature of authorized representative/member

*SS*

Date

**5-26-17**

Daytime Phone #

**253-395-0110**

Typed or printed name of signing authorized representative/member

**Steven Strawn**

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  
OF  
IMAGENET LLC

**I FURTHER CERTIFY** that the records on file in this office show that the above named entity  
was formed under the laws of the State of Washington and that its public organic record  
was filed in Washington and became effective on 7/23/2002.

**I FURTHER CERTIFY** that the entity's duration is Perpetual,  
and that as of the date of this certificate, the records of the Secretary of State  
do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest and penalties owed to this state and collected  
through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary  
of State for filing and that proceedings for administrative dissolution are not pending.

Date: May 30, 2017

UBI: 602-222-379

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



Kim Wyman, Secretary of State

