## M15000001747

(Re	equestor's Name)	<u>,,,,,,</u>
(Ád	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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OCT 20 2015 J SHIVERS

#### COVER LETTER

	stration Section sion of Corporation	s				
SUBJECT:	Inside Sales Agents	LLC				
Sebster		Name of L	limited Liability C	ompany	<del> </del>	
		eign Limited Liability Comp d to register the above refere				
Please return a	all correspondence c	oncerning this matter to the	following:			
	Debbie Nelson					
		Na	me of Person			
	Barron Smith D	augert, PLLC				
Firm/Company						
	300 N Commer	cial Street				
			Address			
	Bellingham, W	A 98225				
	-	City/St	ate and Zip Code			
	dnelson@barrons	smithlaw.com				
		E-mail address: (to be used	for future annual	report not	fication)	
For further inf	ormation concerning	g this matter, please call:				
Debl	oie Nelson		360 at (	733-02	12	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 25.00 Filing Fee	ing amount:  \$\Pi\$ \$130.00 Filing Fee &  Certificate of Status	■ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Inside Sales Agents LL	c			
1.		include "Limited Liability Company," "L	L.C.," or "LUC.")	
(If name unavailable, enter al Liability Company," "L.L.C."		of transacting business in Florida. The atte	muste name must include "Limited	
2. Washington		3. 36-4819021		
(Jurisdiction under the law- company is organized)	of which foreign limited liability	(PEI number, if a	pplicable)	
4				
	(Date first transacted business (See sections 605,0904 & 605,09	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)		
5. 445 Pineda Court, Suit	e 102		<del></del>	
Melborne, FL 32940				
200	(Street Address of Pri	ncipal Office)	<del>- 111</del>	
6. 223 Commercial Street				
Nanaimo, BC V9R 50	•			
	(Malling Ad	dress)		
7. Name and street address	s of Florida registered agent: (P.O.	Box NOT acceptable)	•	
Name:	C T Corporation System	<del></del>		
Office Address:	1200 South Pine Island Road			
	Plantation	, Florida 33324		
Registered agent's accept	(City)	(Zip	code)	
Having been named as rej	gistered agent and to accept service	e of process for the above stated limi		
		ent as registered agent and agree to c oper and complete performance of n		
	ny position as registered agent. C T Corporation Syst	$\sim 10^{10}$	Joy Schreeder	
1	Ву:		Seletant Secretary	
	(Kegistere	d agent's signature)	>	
•	*	ho has/have authority to manage is/an	>	· · · · ·
Morgan Carey, in his capa	city as President of Carey Holding	S US Inc., Member of Inside Sales A	gents LLC SS 5	filtrati
223 Commercial Steet, Na	naimo, BC V9R 5G8, Canada			l Post
Mitchell S. Ribak, in his c	apacity as Manager of 100 MPH M	larketing, L.L.C., Member of Inside S	iales Agents LLC	E I
445 Pineda Ct., Stc. 1	02, Melbourne, FL 32940 of existence, no more than 90 days	old, duly authenticated by the officia	<u></u>	-
jurisdiction under the law o	of which it is organized. (If the cert	ificate is in a foreign language, a trans	station of the certificate under cath	
of the translator must be su	(Smitted)		-	
į į	Signature of	an authorized person		
This document is accounted		3 (1) (b), Florida Statutos. I am aware	s that eary false info	
submitted in a document to	the Department of State constitutes	s a third degree felony as provided for	in s.\$17.155, F.S.	
	Morgan Carey			
	Typed or prin	ted name of signee	<del></del>	



### 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 INSIDE SALES AGENTS 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 9/28/2015.

remains active and has complied with the filing requirements of this office.

Date: September 30, 2015

UBI: 603-546-686

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

- 17:57

Kim Wyman, Secretary of State

