

MR5000008432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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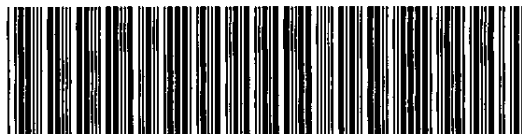
(Business Entity Name)

(Document Number)

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15 OCT 20 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 21 2015  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAPIK FAMILY LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

MARSHA SIHA

Name of Person

INCFILE.COM LLC

Firm/Company

134 VINTAGE PARK BLVD A-50

Address

HOUSTON TX 77070

City/State and Zip Code

Anne.Papik@Philips.Com

E-mail address: (to be used for future annual report notification)

FILED  
15 OCT 20 PM 4:07  
TALLAHASSEE, FL  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

For further information concerning this matter, please call:

MARSHA SIHA

888

462-3453 X 701

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$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 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:

1. PAPIK FAMILY LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WASHINGTON

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. UPON FILING

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15830 NE 178TH PLACE

WOODINVILLE WA 98072

(Street Address of Principal Office)

6. 15830 NE 178TH PLACE

WOODINVILLE WA 98072

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS

(City)

, Florida 33907

(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 capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Mark Dorsch - President*  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JOSEPH PAPIK - MANAGER - 15830 NE 178TH PLACE, WOODINVILLE WA 98072

ANNE PAPIK - MANAGER - 15830 NE 178TH PLACE, WOODINVILLE WA 98072

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

*Anne Papik*  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

ANNE PAPIK

*- Manager*  
Typed or printed name of signee

FILED  
15 OCT 20 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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/AUTHORIZATION  
OF  
PAPIK FAMILY, 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 12/16/2014.

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

Date: October 8, 2015

UBI: 603-460-323



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

Kim Wyman, Secretary of State