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(City/State/Zip/Phone #)

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(Business Entity Name)

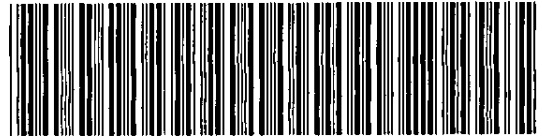
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Special Instructions to Filing Officer:

614 W16-7610

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16 FEB - 2 AM 11:09

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SUFFICIENCY OF FILING

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2016 FEB - 2 AM 10:18

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 11.

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 963368 7748191
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : January 19, 2016
ORDER TIME : 12:25 PM
ORDER NO. : 963368-001
CUSTOMER NO: 7748191

FOREIGN FILINGS

NAME: PIN HSIAO & ASSOCIATES L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
16 FEB 10 PM 4:24

February 3, 2016

CORPORATION SERVICE COMPANY - COURTNEY

RESUBMIT

Please give original
submission date as file date.

SUBJECT: PIN HSIAO & ASSOCIATES L.L.C.
Ref. Number: W16000007610

We have received your document for PIN HSIAO & ASSOCIATES L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 916A00002291

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pin Hsiao & Associates L.L.C.

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:

Tonya Gordeeva

Name of Person

Pin Hsiao & Associates, LLC

Firm/Company

PO Box 40177

Address

Bellevue, WA 98015

City/State and Zip Code

zentonya@gmail.com

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

For further information concerning this matter, please call:

Tonya Gordeeva

Name of Contact Person

425

Area Code

637-3357

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
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Pin Hsiao & Associates L.L.C.

(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. 41-2149273

(FEI number, if applicable)

4. _____

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

5. 404 110th Ave. SE

Bellevue, WA, US, 98004

(Street Address of Principal Office)

6. PO Box 40177

Bellevue, WA 98015

(Mailing Address)

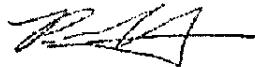
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Pin Hsiao, President

404 110th Ave SE

Bellevue, WA 98004

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Pin Hsiao

Typed or printed name of signee

FILED
2018 FEB -2 AM 10:18
DEPT. OF STATE
TALLAHASSEE, FLORIDA

**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.

1. The name of the Limited Liability Company is:

Pin Hsiao & Associates L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

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.

Corporation Service Company

By: _____

(Signature)

Courtney Williams
Asst. Vice President

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
2016 FEB -2 AM 10:18
STATE OF FLORIDA
TALLAHASSEE, FL 32301

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
PIN HSIAO & ASSOCIATES L.L.C.

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 8/2/2004.

I FURTHER CERTIFY that as of the date of this certificate, PIN HSIAO & ASSOCIATES
L.L.C. remains active and has complied with the filing requirements of this office.

Date: February 1, 2016

UBI: 602-417-337



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

Kim Wyman

Kim Wyman, Secretary of State

2016 FEB -2 AM 10:18
CLERK OF STATE
RECEIVED