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ENTITY NAME: Timberland Aguisition, L	WALK IN L
**PLEASE FILE THE ATTACHED AND RETURN Plain Copy Certified Copy	**
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE Document Number:Certified Copy of Arts & Amendments	ENTITY:
Certificate of Good Standing	2018 FALLSE
APOSTILLE'/NOTARIAL CERTIFICATION: COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED	FILED FIEB 24 A # 2
TOTAL AMOUNT OWED: 125 CHECK NUMBER: 2298 PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION MATTER. Thank you! Tina Gobb. President	ON ON THIS

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 ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Timberland Acquisition	LLC		
(Name of Forei	gn Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alto Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting or "LLC.")	g business in Florida. The alternate nar	ne must include "Limited
2. Delaware	3		
(Jurisdiction under the law of company is organized)	f which foreign limited liability	(FEI number, if applicable)
4.			
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	
5. 11 Main Street South, S			
Kirkland, WA 98033			_
	(Street Address of Principal Offic	ce)	_
6. 11 Main Street South, S	uite 301		
Kirkland, WA 98033			-
	(Mailing Address)		
7. Name and street address	of Florida registered agent: (P.O. Box NO	T acceptable)	And the state of t
Name:	NRAI Services, Inc.	- ·	2u
Office Address:	1200 South Pine Island Road	*************************************	
V11100 1 1501 050.	Plantation	, Florida 33324	
	(City)	, Florida 33324 (Zip code)	
designated in this applicat to complywith the provision	gistered agent and to accept service of proce- pion, I hereby accept the appointment as regions of all statutes relative to the proper and the proper and any position as registered agent.	istered agent and agree to act in t	his capacity. I further agree
	(Registered agent's s		Tinger
8 The name title or cans	city and address of the person(s) who has/ha	ve authority to manage is/are:	
Kevin Martyn, Manager	- 11 Main Street South, Suite 301, Kir	kland, WA 98033	
	010 Russell St., Covington, KY 41011		
			 _
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted) Signature of an author	in a foreign language, a translation	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of	, Florida Statutes. I am aware that a	iny false information 17.155, F.S.
	Kevin Martyn, Manager		

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TIMBERLAND ACQUISITION, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIMBERLAND ACQUISITION, LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201875844

Date: 02-23-16

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