MIAWBUS

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special instructions to Filing Officer.							
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W16-24257							
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2016

CSC COURTNEY WILLIAMS RESUBMIT

Please give original submission date as file date.

SUBJECT: FRONTLINE SERVICES, LLC

Ref. Number: W16000026257

We have received your document for FRONTLINE SERVICES, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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

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

Deborah Bruce Regulatory Specialist II

Letter Number: 216A00007243

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 090041 8073113

AUTHORIZATION : Simelable of

COST LIMIT : (\$\763.75

ORDER DATE: April 5, 2016

ORDER TIME : 2:52 PM

ORDER NO. : 090041-005

CUSTOMER NO: 8073113

FOREIGN FILINGS

NAME: FRONTLINE SERVICES, LLC

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:

COVER LETTER

TO:

го:	Registration Section Division of Corporation	18							
SUBJE	FRONTLINE SER	VICES, LLC							
30,131		Name of	Limited Liability Comp	pany	 				
		reign Limited Liability Comp d to register the above refer							
Please	return all correspondence	concerning this matter to the	following:						
	Andrew Vande	nberg							
Name of Person									
Firm/Company									
P.O. Box 1047									
		Address							
	<u> </u>								
City/State and Zip Code drew.vandenberg@frontlinecallcenter.com									
	<u></u>	E-mail address: (to be use	d for future annual repo	ort notification)	- 1 ショ	1 mg			
For fur	ther information concerning	g this matter, please call:			A	Ö			
	Andrew Vanberg		at ()	76-6996	A II: 52				
	Name o	of Contact Person	Area Code	Daytime Telephor	ie Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Div Reg Cli 260	REET ADDRESS: vision of Corporation gistration Section fton Building 51 Executive Center llahassee, FL 32301					
Enclos	ed is a check for the follow	ring amount: \$\text{\$\sum \text{\$\ext{\$\ext{\$\ext{\$\text{\$\text{\$\ext{\$\ext{\$\ext{\$\ext{\$\ext{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\ext{\$\ext{\$\ext{\$\ext{\$\ext{\$\exit{\$\ext{\$\ext{\$\ext{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\ext{\$\ext{\$\ext{\$\ext{\$\ext{\$\ext{\$\exit{\$\ext{\$\ext{\$\ext{\$\ext{\$\exit{\$\ext{\$\ext{\$\exit{\$\ext{\$\exit{\$\exit{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\exit{\$\ext{\$\exit{	☐ \$155.00 Filing For Certified Copy		Filing Fee, Certificate 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

, FRONTLINE SERVIC	ES, LLC				
1.	ign Limited Liability Company; must	include "Limited, Liab	ility Company," "L.L.C.," o	г."LLC.")	_
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of	of transacting business	in Florida. The alternate na	nme must include "Li	mited
2. Washington	·	3 45-2972809			
(Jurisdiction under the law company is organized)	of which foreign limited liability	<i>S</i> ,	(FEI number, if applicable	e)	
4, 10/1/2015					
	(Date first transacted business (See sections 605.0904 & 605.09				
5. 9 Hope Lane,				···	
Eastsound, WA 98245					
	(Street Address of Pr	incipal Office)			
6. 9 Hope Lane					
Eastsound, WA 98245				Fo 8	
	(Mailing Ac	ddress)			***************************************
7. Name and street address	ss of Florida registered agent: (P.O). Box NOT accepts	ible)	部 帮	promotion.
	Corporation Service Company		.,	SS 1.	Ī
Name:			.		
Office Address:	1201 Hays Street		-		U
	Tallahassee		, Florida 32301		
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip code)	52 	
designated in this applicate complywith the provisi-	rgistered agent und to accept servi- tion, I hereby accept the appointn ons of all statutes relative to the pi my position as registered agent. Corporation Service Company By:	nent as registered a <u>p</u> roper and complete	gent and agree to act in to performance of my dution	his capacity. I fur	ther agree iar with an
		red agent's signature)		. Vice Preside	
	,		, ,	, Vice Mesic	CINC
	acity and address of the person(s) v	•	ity to manage is/are:		
Jill Blankenship (OW	NER/MANAGING MEMB	ER)			
76 Sunset Ave					
Eastsound, WA 98245				··-	
	al Velal	tificatë is in a foreig	n language, a translation w VAndenb	of the certificate un	
This document is executed submitted in a document to	l in accordance with section 605.02 o the Department of State constitute	203 (1) (b), Florida s es a third degree felo	Statutes. I am aware that a ony as provided for in s.81	ny false informatio 17.155, F.S.	n
	,	VANden			

Typed or printed name of signee



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

FRONTLINE SERVICES, 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 8/1/2011.

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 penaltics owed to this state and collected through the Sccretary 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: April 7, 2016

UBI: 603-130-069

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

Kim Wyman, Secretary of State

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