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05/10/16--01025--011 **638.75



MAY 11 2016 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2016

MEGAN JACKSON 420 MELROSE AVE. E #901 SEATTLE, WA 98102

SUBJECT: PUSH IT FORWARD, LLC

Ref. Number: W16000023935

We have received your document for PUSH IT FORWARD, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

There is a balance due of \$638,75.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 016A00006611

COVER LETTER

TO:

Registration Section

Duch It Forward	4 11 0						
UBJECT: Push It Forward, LLC Name of Limited Liability Company							
The enclosed "Application by Folixistence, and check are submitt							
Please return all correspondence	concerning this matter to the	following:					
Megan Jac							
	N	ame of Person					
Push It For							
	F	irm/Company					
420 Melros	e Ave E #901		***************************************				
		Address					
Seattle, WA	N 98102						
	City/S	itate and Zip Coo	le				
megan@push	agency.io E-mail address: (to be use	d for future annu	al report no	tification)			
or further information concerning	ng this matter, please call:						
Megan Jackson		at (425) 330-	8247			
	of Contact Person	Area Coc		ytime Telephone Number			
MAILING ADDRESS				ΓADDRESS:			
Division of Corporations			Division of Corporations				
Registration Section		Registration Section Clifton Building					
P.O. Box 6327 Tallahassee, FL 32314				sunaing ecutive Center Circle			
Tanadassee, PL 32314				see, FL 32301			
Enclosed is a check for the follow							
S125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status		☐ \$155.00 Fi Certified Cop		□ \$160.00 Filing Fee, Ce of Status & Certified Cop			
	CETTICS OF NISHIS	t ermaea t A n	v	or status as Certified Con-	v		

' 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter a Liability Company," "L.L.C	ilternate name adopted for the purpos ," or "LEC.")	se of transacting business in Florida. The alternate name	must include "Limited
 Alaska (Jurisdiction under the law company is organized) 	of which foreign limited liability	3. 273-331-401 (FEI number, if applicable)	
4. October 17, 2015			
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior to registration.) .0905, F.S. to determine penalty liability)	
5. 420 Melrose Ave	E #901 Seattle, WA 98102		
			en in f
	(Street Address of I	Principal Office)	
6. 420 Melrose Ave	Total		
			SE TOWN
	(Mailing .	Address)	
7 Name and street addre	ss of Florida registered agent: (P.	O Box NOT acceptable)	Transport
-	-	io. box (xx) acceptable)	7:5
Name:	Demetrios Nerris		
Office Address:	5225 Baywater Dr		
	Tampa	, Florida <u>33615</u> (Zip code)	
Registered agent's acce		(Zip code)	
designated in this applica	ation, I hereby accept the appoint	vice of process for the above stated limited liabilit tment as registered agent and agree to act in this proper and complete performance of my duties, a	capacity. I further agree
	(Regist	tered agent's signature)	
accept the obligations of	•	tered agent's signature)) who has/have authority to manage is/are:	
accept the obligations of 8. The name, title or cap	pacity and address of the person(s)		
accept the obligations of 8. The name, title or cap Justin Schantz, Man	acity and address of the person(s)) who has/have authority to manage is/are:	

Typed or printed name of signee

Justin Schantz

Alaska Entity #10009422

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Push It Forward, LLC

This entity was formed on December 26, 2012 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Oh Halix



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 06, 2016**.

Chris Hladick Commissioner