

MI60000007916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

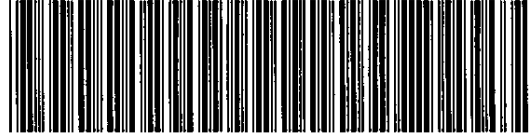
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700289174447

10/03/16--01019--017 \*\*125.00

FILED  
16 OCT -3 AM 9:28  
SOCIETY OF STATE  
CLERKS, FLORIDA

T WASHINGTON

OCT 05 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLAVALL ENTERPRISES 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:

KELVYN FLAVALL

Name of Person

FLAVALL ENTERPRISES LLC

Firm/Company

8625 NE 20TH ST

Address

CLYDE HILL, WA 98004

City/State and Zip Code

flavallstax@gmail.com

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

For further information concerning this matter, please call:

KELVYN FLAVALL

Name of Contact Person

at (425) 688-1183

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. FLAVALL ENTERPRISES 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 3. 454943071  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 8625 NE 20TH ST  
CLYDE HILL, WA 98004  
(Street Address of Principal Office)

6. 8625 NE 20TH ST  
CLYDE HILL, WA 98004  
(Mailing Address)

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

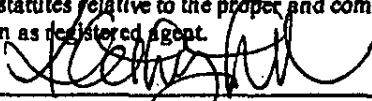
Name: INCORP SERVICES, INC.

Office Address: 17888 67TH COURT NORTH

LOXAHATCHEE, Florida 33470  
(City) (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.

  
Kathy Shin on behalf of InCorp Services, Inc.  
(Registered agent's signature)

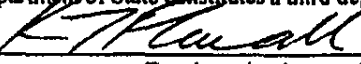
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

KELVYN FLAVALL, OWNER, 8625 NE 20TH ST, CLYDE HILL, WA 98004  
HELEN FLAVALL, OWNER, 8625 NE 20TH ST, CLYDE HILL, WA 98004

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)

  
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.

  
Typed or printed name of signee

FILED  
16 OCT -3 AM 9:28  
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  
OF  
FLAVALL ENTERPRISES LLC**

FILED  
16 OCT -3 AM 9:28  
CLERK OF STATE  
TALLASSEE, FLORIDA

**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 1/1/2012.

**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 penalties owed to this state and collected through the Secretary 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: August 23, 2016

UBI: 603-166-159

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

Kim Wyman, Secretary of State

