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J. HARRIE

COVER LETTER

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TO:

TO:	Registration Section Division of Corporation	s	t				
SUBJE	Colombia Pacific Ac	·					
			Limited Liability (Company			
		eign Limited Liability Comp d to register the above refere					
Please	return all correspondence c	oncerning this matter to the	following:				
		Na	ame of Person				
	INCORPORAT	INCORPORATING SERVICES, LTD.					
		Fi	rm/Company				
Address							
	TALLAHASSE	EE, FL 32301					
	hnores@ryanlaw	·	tate and Zip Code				
	 	E-mail address: (to be used	d for future annual	report not	ification)		
For fur	ther information concerning	g this matter, please call:					
	MELISSA		at (656-79)			
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
Enclos	ed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	_	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

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 Columbia Pacific Advis	eore LLC		•	
4 r	ign Limited Liability Company; must inc	lude "Limited Liab	ility Company," "L.L.C.," or "I	IC.")
Liability Company," "L.L.C,"	ternate name adopted for the purpose of it or "LLC.")	transacting business	in Florida. The alternate name	must include "Limited
2. Washington		3. 20-8051301		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4. Upon filing				
	(Date first transacted business in (See sections 605.0904 & 605.0905)	Florida, if prior to 5. F.S. to determine	registration.) penalty liability)	
5. 1910 Fairview Ave E,		•		7 j
Seattle, WA 98101				
	(Street Address of Princ	ipal Office)		ప్ప
6. 1910 Fairview Ave E, S	Suite 200		·	
Seattle, WA 98101				လံ
	(Mailing Addr	ess)		سند. (م)
7. Name and street addres	s of Florida registered agent: (P.O. E	Box NOT accepts	ble)	
Name:	C T Corporation System	<u> </u>		
Office Address:	1200 South Pine Island Road			
	Plantation		, Florida 33324	
	(City)	,	(Zip code)	
designated in this application to comply with the provision to the complete	gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the prop my position as registered agent.	it as registered ag	ent and agree to act in this	capacity. I further agre
	Registered	agent's signature)	Hiedi Liesch, Asst. Secret	ary
8. The name, title or caps	city and address of the person(s) who	has/have authori	ty to manage is/are:	·
Alex Washburn, Manager				
Daniel Baty, Manager	1910 Fairview Ave E, Suite 200, Se	eattle, WA 98102		
Stanley Baty, Manager	1910 Fairview Ave E, Suite 200, Se	eattle, WA 98102		
9. Attached is a certificate jurisdiction under the law of the translator must be su		ld, duly authenticate is in a foreig	ated by the official having cu n language, a translation of t	istody of records in the he certificate under oath
This document is executed submitted in a document to	in accordance with section 605.0203 the Department of State constitutes a	(1) (b), Florida S a third degree felo	tatutes. I am aware that any in as provided for in s.817.1	alse information 55, F.S.
	Alex Washburn, Manager			
	Typed or printe	d 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

COLUMBIA PACIFIC ADVISORS, 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 12/14/2006.

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: January 5, 2017

UBI: 602-677-109

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

Kim Wyman, Secretary of State

