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SECRETARY OF STATE
SECRET

D. SCOTT MAR 2 2 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2017

JEFFREY J ELLSWORTH 5300 MEADOWS RD, SUITE 200 LAKE OSWEGO, OR 97035

SUBJECT: SUPERA, LLC Ref. Number: W17000019061 FILED

17 MAR 17 PH 3: 09

SECRETARY OF STATE

We have received your document for SUPERA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 917A00004307

2017 MAR 17 AM 11:08

B BUCKLEY LAW P.C.

5300 Meadows Road, Suite 200 Lake Oswego, Oregon 97035 t 503.620.8900 f 503.620.4878 www.buckley-law.com

February 28, 2017

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Registration of Foreign LLC

To Whom it May Concern:

Enclosed please find documents, per your department instructions, to authorize Supera, LLC; fo transact business in Florida as a foreign limited liability company. Documents include:

- Cover letter (form)
- Completed Application by Foreign LLC for Authorization to Transact Business in Florida
- State of Oregon Certificate of Existence No. 537C332Z4, dated 2/27/2017
- Check no. 47470 in the amount of \$130, payable to Florida Department of State

If there are questions I can be contacted at 503-620-8900, or email jje@buckley-law.com.

Thank you for your attention to this.

Sincerely,

BUCKLEY LAW P.C.

JJE/oms Enclosures

COVER LETTER

	Registration Section Division of Corporations					
SUBJECT	SUPERA, LLC					
SOBJECT	• -	Name of L	imited Liability (Company		
	sed "Application by Foreign Limi , and check are submitted to regis					
Please retu	urn all correspondence concerning	g this matter to the f	following:			
	Jeffrey J. Ellsworth					
		Na	me of Person			
	Buckley Law P.C.					
		Fir	m/Company			
	5300 Meadows Ro	ad, Suite 200				
			Address			
	Lake Oswego, OR	97035				
		City/St	ate and Zip Code			TS TO
	jje@buckley-law.cor	m				題第四
	E-mail a	address: (to be used	for future annual	report noti	fication)	第二日
For further	r information concerning this mat	ter, please call:				
	Jeffrey J. Ellsworth		503	620-8	900	
_	Name of Contact	Person	Area Code	Dayt	ime Telephone	
D R P	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division of Registrati Clifton Bu 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Coee, FL 32301	
		nt: .00 Filing Fee & cate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Fi of Status & C	ling Fee, Certificate ertified 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 RUSINESS IN THE STATE OF FLORIDA

(ivanie of Lou	eign Limited Liability Company: must include	William Linkilling Commons " "T. I. C. " as	· ··· I C ···
, ======	eign Limited Liability Company; must include	"Limited Liability Company, L.L.C., of	TLLC.)
	Iternate name adopted for the purpose of trans	acting business in Florida. The alternate na	me must include "Limited
Liability Company," "L.L.C, Oregon		45-4339700	
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)
company is organized)	•		
s. <u>N/A</u>	(Date first transacted business in Flo	rida if prior to registration.)	_
12330 SE Highw	(See sections 605.0904 & 605.0905, F.	S. to determine penalty liability)	_
Clackamas, OR			_
12220 CE Highwa	(Street Address of Principal	Office)	
6. 12330 SE Highwa	dy 212		-23
Clackamas, OR	97015		超易工
	(Mailing Address)		- 1000 二日
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	TILED TILED
Name:	Unisearch, Inc.		TO CO. W.
	155 Office Plaza Drive		
Office Address:	Tallahassee	32301	7
		, Florida 32301	
	(City)	(Zip code)	_
Having been named as re designated in this applica to complywith the provisi accept the obligations of	(City)	(Zip code) process for the above stated limited liab s registered agent and agree to act in t	his capacity. I further agre es, and I am familiar with a
Having been named as re designated in this applica to complywith the provisi accept the obligations of	(City) otance: egistered agent and to accept service of parties, I hereby accept the appointment a cions of all statutes relative to the proper my position as registered agent.	(Zip code) process for the above stated limited liab s registered agent and agree to act in the and complete performance of my dution Debbie Brouse,	his capacity. I further agre es, and I am familiar with a
Having been named as radesignated in this applicate complywith the provision accept the obligations of Jnisearch, Inc. 8. The name, title or cap	(City) Intance: Legistered agent and to accept service of pation, I hereby accept the appointment at ions of all statutes relative to the proper my position as registered agent. Light Book (Registered agent agent) (Registered agent)	(Zip code) process for the above stated limited liab s registered agent and agree to act in the and complete performance of my dutie Debbie Brouse, and is signature)	his capacity. I further agre es, and I am familiar with a
Having been named as radesignated in this applicate complywith the provision accept the obligations of Jnisearch, Inc. 8. The name, title or cap	(City) Intance: Legistered agent and to accept service of pation, I hereby accept the appointment alions of all statutes relative to the proper my position as registered agent. Line By: Line Brown (Registered agent acity and address of the person(s) who has acident	(Zip code) process for the above stated limited liab s registered agent and agree to act in the and complete performance of my dutie Debbie Brouse, and is signature)	his capacity. I further agre es, and I am familiar with a
designated in this applicate complywith the provising accept the obligations of Unisearch, Inc. 8. The name, title or cap Brian Lawson, Presented	(City) Intance: Legistered agent and to accept service of pation, I hereby accept the appointment accept so the proper my position as registered agent. Liby: Library Registered agent. (Registered agent accity and address of the person(s) who has accident	(Zip code) process for the above stated limited liab s registered agent and agree to act in the and complete performance of my dutie Debbie Brouse, and is signature)	his capacity. I further agre es, and I am familiar with a
Having been named as redesignated in this applicate complywith the provision accept the obligations of Unisearch, Inc. 8. The name, title or cap Brian Lawson, Presentation SE Highway Clackamas, OR 97. 9. Attached is a certificate	cotance: egistered agent and to accept service of pation, I hereby accept the appointment at ions of all statutes relative to the proper my position as registered agent. by: Debic Brown (Registered agent accity and address of the person(s) who has accept and address of the person(s) who has accept accept accept accept and address of the person(s) who has accept	(Zip code) process for the above stated limited liab is registered agent and agree to act in the and complete performance of my dutie Debbie Brouse, and is signature) process for the above stated limited liab in the state of the state o	his capacity. I further agrees, and I am familiar with a Asst. Secretary g custody of records in the

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.

Brian Lawson

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 537C332Z4

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

SUPERA, LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Wherecf, I have hereunto set my hand and ciffixed hereto the Seal of the State of Oregon.

DENNIS RICHARDSON, SECRETARY OF STATE

2/27/2017