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## COVER LETTER

SUBJECT:	laid Holdings, Li	LC			
<b></b>		Name of	Limited Liability	Company	
The enclosed " Existence, and	Application by F check are submit	oreign Limited Liability Conted to register the above refe	pany for Authoriza renced foreign limi	ation to Tr ted liabili	ransact Business in Florida," Certific ty company to transact business in F
lease return a	ll correspond <del>e</del> nce	concerning this matter to the	e following:		•
	Sean Newton				
		Ŋ	Name of Person		
		F	irm/Company		
•	5024 NE 1901	h St.		_	
			Address		And the second of the second o
	Lake Forest P	ark, WA 98155			
	<del></del>	City/S	State and Zip Code		
	seannewt@gma	il.com			
		E-mail address: (to be use	d for future annual	report no	tification)
or fluther info	rmation concerni	ng this matter, please call:			
Sean i	Vewton		206	963-24	48
	Name	of Contact Person	at (Area Code	Day	ytime Telephone Number
	ING ADDRESS			STREET	TADDRESS:
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	ox 6327			Clifton B	ion Section
	assee, FL 32314		•	2661 Ex	centing centive Center Circle see, FL 32301
	eck for the follow				
<b>≅</b> \$12.	5.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin 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 19TH SECTION 605/1902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Plaid Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

	," or "LLC.")		
2. Nevada (Jurisdiction under the law company is organized)	of which foreign limited liability	(PEl number, if applicable)	
4.			
r	(Date first transacted business in Flori	a, if prior to registration.)	
5. 4730 S. Fort Apache F	(See sections 605.0904 & 605.0905, F.S. Road Suite 300	to determine penalty (ability)	
Las Vegas, NV 89147			
	(Street Address of Principal O	Rice)	•
	(Mailing Address)		
. Name and street addres	ss of Florida registered agent: (P.O. Box 💆	OT acceptable)	
Name:	Business Filings Incorporated		
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	
	(City)	(Zin code)	
legistered agent's accen		<b>\</b> ;	
his application, I hereby with the provisions of all s the obligations of my post	tance: gistered agent and to accept service of pro accept the appointment as registered agen statutes relative to the proper and complete tion as registered agent.	cess for the above stated corporation at the place design and agree to act in this capacity. I further agree to co performance of my duties, and I am familiar with and	mply
laving been named as re his application, I hereby with the provisions of all s he obligations of my post	tance: gistered agent and to accept service of pro accept the appointment as registered agen statutes relative to the proper and complete tion as registered agent.	and agree to act in this capacity. I further agree to co	mply
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Javing been named as re his application, I hereby with the provisions of all s he obligations of my post 3. The name, title or cupa lean Newton, Manager: 4	tance: gistered agent and to accept service of pro accept the appointment as registered agent statutes relative to the proper and complete tion as registered agent.  Williams Africa (Registered agent) (R	and agree to act in this capacity. I further agree to consider the performance of my duties, and I am familiar with and BUSILISS FILINGS INCOPORTED signature)	mply accept
Javing been named as re his application, I hereby with the provisions of all s he obligations of my post 3. The name, title or capa lean Newton, Manager: 4 Attached is a certificate trisdiction under the law of	tance: gistered agent and to accept service of pro accept the appointment as registered agent statutes relative to the proper and complete tion as registered agent.  Williams Africa (Registered agent) (R	and agree to act in this capacity. I further agree to consider manage of my duties, and I am familiar with and BUSILES Filings Intoported signature)  are authority to manage is/are:  gas, NV 89147	mply accept

Scan Newton Typed or printed name of signee SECRETARY OF STATE



17 APR -6 PM 2: 32

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PLAID HOLDINGS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 23, 2014, and is in good standing in this state.

S OF THE STATE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 30, 2017.

Souhana K. (igevske BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20170330-3006
You may verify this electronic certificate
online at http://www.nvsos.gov/