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COVER LETTER

	egistration Section ivision of Corporation	s					
SUBJECT	Wingmen V, LLC						
302020.		Name of I	Limited Liability (Company			
		eign Limited Liability Comp I to register the above refere					
Please retu	rn all correspondence co	oncerning this matter to the	following:				
	Daniel Casey D	ineen					
		Na	me of Person				
	James F. Ambrose, P.C.						
	Firm/Company						
	One S.W. Colur	nbia Suite 850					
			Address				
	Portland, OR. 9	7258					
		·	ate and Zip Code				
	casey@jamesamb						
F 6		E-mail address: (to be used	for future annual	report not	tification)		
		this matter, please call:					
- -	asey Dineen		503 _ at (_)			
	Name of	f Contact Person	Area Code	Day	time 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				
Enclosed is	s a check for the following	ng amount		Tallahass	see, FL 32301		
	s a check for the followi	ng amount: S \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$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:

Wingmen V, LLC					
(Name of Fore	ign Limited Liability	Company; must include	"Limited Liab	lity Company," "L.L.C.," o	or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted	for the purpose of transa	acting business	in Florida. The alternate na	ame must include "Limited
2. Washington		3			
(Jurisdiction under the law company is organized)	of which foreign limit	ted liability		(FEI number, if applicabl	le)
4	(Date first tra	insacted business in Flori 05.0904 & 605.0905, F.S	ida, if prior to i	registration.)	_
5. 111 W. 39th St.	(See sections of	73.0904 & 603.0903, F.S	s. to determine	ренану наопну)	_
Vancouver, WA 98660					
6. 111 W. 39th St.	(Stre	et Address of Principal C	Office)		
Vancouver, WA 98660)				_
		(Mailing Address)	_		_
7. Name and street address	<u>s</u> of Florida register	red agent: (P.O. Box	NOT accepta	ble)	
Name:	C T Corporation S	System			
Office Address:	1200 South Pine	Island Road			
	Plantation			Florida 33324	
Registered agent's accept		(City)		, Florida 33324 (Zip code)	_
Having been named as re- designated in this applicat to complywith the provision accept the obligations of n	gistered agent and i tion, I hereby accep ons of all statutes re ny position as regis	ot the appointment as i elative to the proper ai	registered ag nd complete p	ent and agree to act in t	bility company at the place this capacity. I further agree es, and I am familiar with and Cent stant Secretary
8. The name, title or capa	aity and ddrasa af	_	t 3 Signature)		·
Wray Hutchinson, Manage				y to manage is/are:	
					FIL 17 APR 2 SECRETAL
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organi	re than 90 days old, du zed. (If the certificate	uly authentica is in a foreigr	ted by the official having a language, a translation	g custody of records in the of the certificate under oath
_	flues	Signature of an auth	orized person		- Sm 2
This document is executed submitted in a document to	in accordance with	section 605.0203 (1) ((b). Florida St	atutes. I am aware that a	ny false information
and a dominated	James F. Ambrose		a degree lei01	as provided 101 III 8.61	1.100,1.0.

Typed or printed 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

WINGMEN V, 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 11/29/2010.

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.



KING C

Date: February 3, 2017

UBI: 603-065-625

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

Kim Wyman, Secretary of State

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