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S. WARREN

JUL 1 2 2017



June 28 2017

To Whom It May Concern:

We are a Washington State business that would like to begin conducting business in the state of Florida. We are currently hoping to get approval from a Florida based school district to provide educational program content for their students.

We have not yet earned any revenue in the state, nor do we have any employees or a base of operations in the state.

We anticipate beginning to conduct business in Florida by late August 2017.

Enclosed please find a letter of good standing from Washington State, our application, and check for fees.

Thank You.

Jonathan Clark

Director, HR & Finance

jonathan.clark@chess4life.com

12503 Bel Red Road, #201, Bellevue, WA, 98005

www.chess4life.com

425-283-0549

June 28 2017

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Chess4Life, 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:

Elliott Neff
Name of Person
Chess4Life, LLC
Firm/Company
12729 Northup Way Suite 15
Address
Bellevue WA 98005
City/State and Zip Code
hr@chess4life.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Clark

_{at} 425

283 0549

Name of Contact Person

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	Chess4Life LLC (Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
(If n	ame unavailable, enter alternate na	ame adopted for the purpose of transacting business in Floric	da. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC.")
ر ر	Washington State		_{3.} 20-3729558	
4 ٠		nich foreign limited liability company is organized)		er, if applicable)
4.	Not Applicable			
		(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) e penalty liability)	
5.			6	
	(Street Address of P		(Mailing Addr	
-	12729 Northup Way		12729 Northup Way Sui	te 15
	Bellevue WA 98005		Bellevue WA 98005	<u> </u>
7.	Name and street addres	ss of Florida registered agent: (P.O. Box Northwest Registered Agent, LLC	NOT acceptable)	FILE JUL-5 CRETARTI
	Office Address:	3030 N. Rocky Point Dr. STE 150A	<u> </u>	野祭 28 15
		Tampa	, Florida 33607	3: 00 LORID.
		(City)	(Zip code	
		tion, I hereby accept the appointment as ions of all statutes relative to the proper of		in this capacity. I further agree
to e	comply with the provisi	tion, I hereby accept the appointment as	registered agent and agree to act	in this capacity. I further agree
to e	comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper o	registered agent and agree to act and complete performance of my o	in this capacity. I further agree
to (ani	comply with the provisions described accept the obligations. The name, title or capa	tion, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent's sincity and address of the person(s) who has	registered agent and agree to act and complete performance of my of gnature) //have authority to manage is/are:	in this capacity. I further agree duties, and I am familiar with
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8. (U.9	The name, title or capa Title or Capacity: CEO See attachments if neces Attached is a certificate	ion, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address: Elliott Neff 12729 Northup Way Suite 15 Bellevue WA 98005 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate submitted)	gnature) //have authority to manage is/are: Title or Capacity: uly authenticated by the official ha is in a foreign language, a translati	in this capacity. I further agree duties, and I am familiar with Name and Address:
8. (U	The name, title or capa Title or Capacity: CEO See attachments if neces Attached is a certificate is diction under the law	ion, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address: Elliott Neff 12729 Northup Way Suite 15 Bellevue WA 98005 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate submitted)	gnature) //have authority to manage is/are: Title or Capacity:	in this capacity. I further agree duties, and I am familiar with Name and Address:

Typed or printed name of signee

GHATHAN CLARK



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

CHESS4LIFE, 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 9/2/2005.

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: June 15, 2017

UBI: 602-549-915

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

-1222

Kim Wyman, Secretary of State



WARE.