# M17000010473

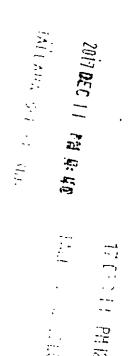
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500306438085

12/12/17--01003--014 \*\*130.00



F.F. 1 2 cara

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	Halo Audio	LLC				
		Name of I	Limited Liability (	Company		
					ransact Business in Florida," C ty company to transact busines	
Please return all	correspondence o	oncerning this matter to the	following:			
		aren Raber				
		Na	une of Person			
	<u> </u>	Balo Audio LLC				
		Fil	rm/Company			
		O Box 13				
			Address			
	;	Mount Eaton, OH 44659				
		City/St	ate and Zip Code			
		karen@halosystems.com				
		E-mail address: (to be used	for future annual	report no	otification)	
For further infor	mation concernin	g this matter, please call:				
K	aren Raber		_ at ( <u>330</u>	473	-8859	
	Name o	f Contact Person	Area Code	Da	ytime Telephone Number	
Divisio Registr P.O. Bo	ING ADDRESS: in of Corporations ation Section ox 6327 assee, FL 32314			Division Registra Clifton I 2661 Ex	T ADDRESS: n of Corporations tion Section Building secutive Center Circle see, FL 32301	
	eck for the follow 5.00 Filing Fee	ing amount:  S \$130.00 Filing Fee &  Certificate of Status	S155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	ificate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name univailable, enter alternate	name adopted for the purpose of trans	acting business in Flo	lorida. The altern	ate name must melude "!	Limuted Liab:	inty Company, 1	L.C," or "LL0	C.")
				32-0234671		,		,
State of Washington	which foreign limited liability company	r is oreanized)	3	12-023-071	(FEI numbe	r, if applicable)		•
(2011) the table the table to	The street in the street of th				(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·· [ / <b>-   -   -   -   -   -   -   -   -</b>		
	(Date first transacted business (See sections 605 0904 & 605	in Florida, if prior to	o registration.)	lity)				
				•				
255 W Chewuch Rd (Street Address o	Principal Office)		6	PO Box 1285	failing Addre	:5\$)		•
Winthrop, WA 98862				Winthrop, WA's			س <sup>د</sup> ,	
· · · · ·			_					
<del></del>			<u> </u>				-	•
Name and street addre	ss of Florida registered ago	ent: (P.O. Box	x <u>NOT</u> acc	eptable)				٠
	Capitol Corporate Se	ervices, Inc.						
Name:			<del></del>	<del></del>				سې
Office Address:	515 East Park Avenu	ie 2nd Fl						•
3,11,00	Tallahassee				32301			
				, Florida				
		(Cuvi		i ionaa	(Zip code)	)		
iving been named as r signated in this applic comply with the provi	otance: egistered agent and to accution, I hereby accept the cions of all statutes relatives of my position as registed.  LULANIE  OTALIES OF MY POSITION AS PERIODE AND	appointment a e to the proper ered agent.	as registered r and comp	the above statea d agent and agre	e to act i	n this capaci	ity. I furtl	ier a
signated in this applic comply with the provi d accept the obligation	egistered agent and to accution, I hereby accept the accions of all statutes relatives of my position as registed.	ept service of appointment a e to the proper ered agent.  (Registered agent's	ns registered r and comp	the above stated d agent and agre lete performance	e to act i	n this capaci	ity. I furtl	ier a
iving been named as n signated in this applic comply with the provi d accept the obligation	egistered agent and to accution, I hereby accept the vions of all statutes relative is of my position as registed.	rept service of appointment a e to the proper ered agent.  (Registered agent's erson(s) who have	as registered r and comp  signature)  as/have auti	the above stated d agent and agre lete performance	e to act i	n this capaci	ity. I furtl am familia	ier a ir w
iving been named as r signated in this applic comply with the provi d accept the obligation The name, title or cap	egistered agent and to accution, I hereby accept the vions of all statutes relatives of my position as register.  Accity and address of the pe	rept service of appointment are to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  signature)  as/have auti	the above stated agent and agre lete performance	e to act i	n this capaci uties, and I d	ity. I furtl am familia	ier a ir w
wing been named as a signated in this applic comply with the provid accept the obligation.  The name, title or case Title or Capacity:	egistered agent and to accution, I hereby accept the tions of all statutes relative as of my position as registed.  acity and address of the period of the p	rept service of appointment are to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  signature)  as/have auti	the above stated agent and agre lete performance	e to act i	n this capaci uties, and I d	ity. I furtl am familia	ier a ir w
wing been named as a signated in this applic comply with the provid accept the obligation.  The name, title or capacity:	egistered agent and to accept the ation, I hereby accept the ations of all statutes relatives of my position as registed.  Local Mame and Address of the period of the period active and Address of the period of th	rept service of appointment a to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  signature)  as/have auti	the above stated agent and agre lete performance	e to act i	n this capaci uties, and I d	ity. I furtl am familia	ier a ir w
ving been named as a signated in this applic comply with the provid accept the obligation.  The name, title or capacity:	egistered agent and to accution, I hereby accept the tions of all statutes relative as of my position as registed.  acity and address of the period of the p	rept service of appointment a to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  signature)  as/have auti	the above stated agent and agre lete performance	e to act i	n this capaci uties, and I d	ity. I furtl am familia	ier a ir w
ving been named as a signated in this applic comply with the provid accept the obligation.  The name, title or capacity:	egistered agent and to accution, I hereby accept the tions of all statutes relative as of my position as registed.  acity and address of the period of the p	rept service of appointment a to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  signature)  as/have auti	the above stated agent and agre lete performance	e to act i	n this capaci uties, and I d	ity. I furtl am familia	ier a ir w
wing been named as a signated in this applic comply with the provid accept the obligation.  The name, title or capacity:	egistered agent and to accution, I hereby accept the tions of all statutes relative as of my position as registed.  acity and address of the period of the p	rept service of appointment a to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  signature)  as/have auti	the above stated agent and agre lete performance	e to act i	n this capaci uties, and I d	ity. I furtl am familia	ier a ir w
wing been named as a signated in this applic comply with the provid accept the obligation.  The name, title or capacity:	egistered agent and to accution, I hereby accept the tions of all statutes relative as of my position as registed.  acity and address of the period of the p	rept service of appointment a to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  signature)  as/have auti	the above stated agent and agre lete performance	e to act i	n this capaci uties, and I d	ity. I furtl am familia	ier a ir w
ving been named as rignated in this applic comply with the providuce of the obligation.  The name, title or capacity:  Owner	egistered agent and to accution, I hereby accept the tions of all statutes relatives so f my position as registed.  acity and address of the period Name and Address Winthrop, WA	rept service of appointment a to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  signature)  as/have auti	the above stated agent and agre lete performance	e to act i	n this capaci uties, and I d	ity. I furtl am familia	ier a ir w
rving been named as resignated in this applic comply with the provide accept the obligation.  The name, title or caparity: Owner	egistered agent and to accution, I hereby accept the tions of all statutes relative as of my position as register acity and address of the period acity acit	rept service of appointment are to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp	the above stated agent and agree lete performance lete performance lete performance lete performance lete performance lete performance lete lete performance lete lete lete lete lete lete lete le	te to act ite of my d	Name and	ty. I furth	ir w
tving been named as a signated in this applic comply with the providucempty with the providucept the obligation.  The name, title or capacity: Owner	egistered agent and to accept the	rept service of appointment are to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  as signature) as/have aution  Title	the above stated agent and agreed lete performance the performance that the performance or Capacity:	te to act it e of my d	Name and	Address:	in th
The name, title or cap Title or Capacity: Owner  Attached is a certificat is diction under the law the translator must be saying the saying the translator must be saying the saying the translator must be saying the sayin	egistered agent and to accept the	rept service of appointment are to the proper ered agent.  (Registered agent's erson(s) who hadress:	as registered r and comp  as signature) as/have aution  Title  duly authorite is in a for	the above stated agent and agrelete performance hority to manage or Capacity:	is/are:	Name and	Address:	in the
The name, title or cap Title or Capacity: Owner  Oxtached is a certificat is diction under the law the translator must be: This document is exe	egistered agent and to accept the	rept service of appointment are to the proper ered agent.  (Registered agent's erson(s) who hadress:  98862	as registered r and comp  as/have aution  Title  duly authorite is in a for	the above stated agent and agrelete performance hority to manage or Capacity:  nticated by the of reign language, a corida Statutes. I a	is/are:	Name and	Address:	in the
The name, title or cap Title or Capacity: Owner  Oxtached is a certificat is diction under the law the translator must be: This document is exe	egistered agent and to accept the	rept service of appointment are to the proper ered agent.  (Registered agent's erson(s) who hadress:  98862  n 90 days old, If the certificate ection 605.020 constitutes a the proper agent are to the certificate ection so the certificate ection ec	duly auther to is in a for	the above stated agent and agrelete performance hority to manage or Capacity:  nticated by the of reign language, a corida Statutes. I a	is/are:  ficial have translation awared for in s	Name and  Name and  ing custody on of the cert  that any fals.	Address:	in the

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

#### HALO AUDIO, LLC

I 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 02/15/2008.

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 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.

Issued Date: 11/30/2017 UBI Number: 602 805 016

STATE OF WASHINGS WILL 1889 NO.

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

Kim Wyman, Secretary of State

tin Ugna

Date Issued: 11'30/2017