# M18000001657

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## COVER LETTER

BOUBJECT:	ONO WAREHOU	JSES, LLC				
		Name of	Limited Liability	Company		
The enclosed "/ Existence, and o	Application by Fo check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ted liabilit	ransact Business in Florida," C ty company to transact busines	Certificat ss in Flor
lease return al.	l correspondence	concerning this matter to the	following:			
	ARTHUR BU	ONAMIA				
		N	lame of Person			
	BONO WARE	HOUSES, LLC				
		F	irm/Company			
	11826 78th AV	'ENUE NW				
			Address			
	TULALIP, WA	N 98271				
		City/S	State and Zip Code			
	zhukhov@gmail	.com				
		E-mail address: (to be use	d for future annua	report no	tification)	
or further info	mation concerning	g this matter, please call:				
ARTH	UR BUONAMIA		360 at (	348-37	60	
	Name o	of Contact Person	Area Code	Day	vtime Telephone Number	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
	eck for the follow 5.00 Filing Fee	ring amount:  \$\Bigsireq \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert 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:

	name adopted for the purpose of transacting business in	Fl. d. Th. d.				
	name acobise in the harbose of transacting originess in	riorida. The alternate name	must include "Limited Liability	Company," "L.I.	C," or "L	LC.")
STATE OF WASHING	TON	3. 27-0575	660			
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	J	(FEI number, if	applicable)		<del></del>
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration )	<del></del>			
11037 704 ANTENDE		rmine penalty liability)		مدر موز	5-3	
(Street Address of	NW, TULALIP, WA 98271	6	(Mailing Address)		<u> 23</u>	
(Shell / Mallella of	The part office,		(Mannig Aduress)	90 t2	L,	
				w <sub>eb</sub>	1 43	- 56 10
			- <u>-                                  </u>	1000	<u>(73</u>	_ ?
Name and street addre	or of Florida and investor (B.O. B.	NOT		#1	7.7	
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. B	ox NOT acceptable	;)	.1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Name:	GARY W. POLLACK, ESQ.			\$	, . ( <sub>A</sub> )	
	44 WEST FLAGLER STREET, SUI	TE 2050		è-	£10	
O.C. A. J. L						
Office Address:	44 WEST TEAGLER STREET, SUI					
gistered agent's acce wing been named as re signated in this applice	MIAMI (City)  ptance: egistered agent and to accept service of ation, I hereby accept the appointment	, F f process for the ab as registered agen	t and agree to act in t	his capacity	. I fur	ther ag
egistered agent's acce aving been named as r signated in this applica comply with the provis	MIAMI (City) stance: egistered agent and to accept service of	, F f process for the ab as registered agen	ove stated limited liab t and agree to act in to	his capacity	. I fur	ther ag
egistered agent's acce aving been named as r signated in this applice comply with the provis	MIAMI  (City)  Stance:  Segistered agent and to accept service of a strong properties of a strong properties of a strong properties of all statutes relative to the properties of any position as registered agent.	f process for the ab as registered agen er and completo pe	ove stated limited liab t and agree to act in to	his capacity	. I fur	ther ag
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egistered agent's accepaving been named as rossignated in this application comply with the provision decept the obligation	MIAMI  Otance: Segistered agent and to accept service of accept the appointment ions of all statutes relative to the property of my position as registered agent.	f process for the ab es registered agen er and completo pe	ove stated limited liab t and agree to act in to rformance of my dution	his capacity	v. I fur n famil	ther ag iar witt
egistered agent's acceptive aving been named as resignated in this application comply with the provised accept the obligation.  The name, title or cap	MIAMI  Otance: Degistered agent and to accept service of accept the appointment ions of all statutes relative to the property of my position as registered agent.  (Registered agent accity and address of the person(s) who	f process for the able as registered agen er and complete pe	ove stated limited liab t and agree to act in to rformance of my dution to manage is/are: pacity:  No	his capacity es, and I an 	ddress	ther ag iar witt
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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** 

### **BONO WAREHOUSES, 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 07/08/2009.

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: 02/13/2018 UBI Number: 602 938 142



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

Kim Wyman, Secretary of State

un Ulgra

Date Issued: 02/13/2018