Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000054572 3)))



H180000545723ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940 : (800)293-4075 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

alypowers@stevemayllc.net

Foreign Limited Liability Company

STEVE LEMAY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

MAR () 1H81B

Y SULKER

2/16/2018

Hubco Mail - Fax sent OK: steve lemay to #8506176381



Hubco Customer Service <filings@hubco1.com>

Fax sent OK: steve lemay to #8506176381

1 message/

OrcaFax2 <smtp-relay@fuze.com>

To: "filings@hubco1.com" <filings@hubco1.com

Your faxwas successfully sent to the recipient

Subject:

steve lemay

To:

Fax #: 8506176381 Pages Sent: 003

Remote fax ID: 850-617-6381

Queued at: 11:04:24 02/16/2018 Transmitted at: 02/16/18 11:04

Attempts: 0

Error code: ok (0000/All Pages Ok)

Your fax is important to Whaleback Systems. If you believe that there was an error in the transmission, please forward this message to support@whatebackms.com and tell us about the problem.

-Whaleback Fax Support

----- Tracking data -----Support data: 8506176381 - fax number dialed 3055 - JobID 0 - # of attempts Normal - tx priority

11:04 - tx attempt time 02/16/18 - tx attempt date

003 - # of pages tx 0000 - error code #

ok - error code test

14400 - fax tx rate

H - fax tx resolution; High (H) or Low (L)

0115 - phone connection time

850-617-6381 - remote CSI

00 - # of retries

16 - fax port

0 - server # that transmitted the fax

BOS-FAX02 - server that transmitted the fax

- sender name on cover page

Hubco Customer Service - fax sender stamp

Hubco - fax sender company

- tag

- recipient name

8506176381 - recipient number

- recipient company
- recipient act #
- recipient voice #
- addr1
- addr2

Fri, Feb 16, 2018 at 11:06 AM

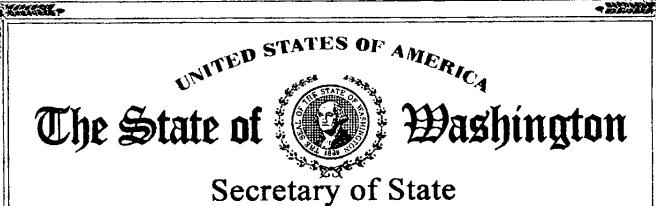
H18000054572 3

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:

iability Company," "L.L.C		the purpose of	transacting busine	ss in Florida. The alternat	e name must include "Limited
111.0111110000011			•		
(Jurisdiction under the lav company is organized)	v of which foreign limited	liability	3	(FEI number, it applie	cable)
Upon Filing					
	(Date first transi (See sections 605.0	neted business in 1904 & 605.090	n Florida, it prior to 5, F.S. to determin	o registration.) c penalty liability)	
9494 SUNRISE ROA	D, BLAINE, WA 9823	0			
					^_ =
		Address of Prini	cipal Office)		
PO BOX 2554, STAN	IWOOD, WASHINGTO	JN 98292			
		(Mailing Add	ress)		
. Name and street addr	ess of Florida registered	agent: (P.O.	Box <u>NOT</u> accep	table)	TA 3
Name:	URS AGENTS, INC	:		_	
	3458 LAKESHORE	DRIVE			5M 6
Office Address:	J-30 EAREBHORE			_	7 *
Office Address:	TALLAHASSEE			– Florida 32312	3**
tegistered agent's acce	TALLAHASSEE	(City)		, Florida 32312 (Zip cod	
tegistered agent's acce laving been named as a esignated in this applic o complywith the provis	TALLAHASSEE ptunce: registered agent and to ation, I kereby accept to sions of all statutes rela	(City) accept service the appointme thee to the pro- ted agent.	of process for the nt as registered of per and complet	ne above stated limited agent and agree to uct e performance of my a	liability company at the plac in this capacity. I further ag luties, und I am familiar with
tegistered agent's acce laving been named as a esignated in this applic o complywith the provis	TALLAHASSEE ptunce: registered agent and to ation, I kereby accept to sions of all statutes rela	(City) accept service the appointme thee to the pro- ted agent.	of process for the nt as registered of per and complet	ne above stated limited agent and agree to uct e performance of my a	liability company at the plac in this capacity. I further ag luties, und I am familiar with
tegistered agent's acce laving been named as a lesignated in this applic o complywith the provis ccept the obligations of	TALLAHASSEE plunce: registered agent and to ation, I hereby accept to sions of all statutes rela my position as register URS Agents	(City) accept service the appointme tive to the pro red agent. LLC (Registered	of process for the nt as registered a per and completed by the tagent's signature	ge above stated limited agent and agree to uch e performance of my de Christian Eubank	liability company at the place in this capacity. I further ag
tegistered agent's acce laving been named as a lesignated in this applic o complywith the provi- ccept the obligations of S. The name, title or ca	TALLAHASSEE plunce: registered agent and to ation, I hereby accept to sions of all statutes relaining position as registed URS Agents pacity and address of the	(City) accept service the appointme tive to the pro red agent. (Registered	of process for the nt as registered a per and completed a gent's signature to has/have authors.	e above stated limited agent and agree to act to performance of my defended to the Christian Eubank rity to manage is/are:	liability company at the plac in this capacity. I further ag luties, und I am familiar with
degistered agent's accellaving been named as a sesignated in this application complywith the province of the obligations of the came, title or came, title or came.	TALLAHASSEE plunce: registered agent and to ation, I hereby accept to sions of all statutes rela my position as register URS Agents	(City) accept service the appointme tive to the pro red agent. (Registered	of process for the nt as registered a per and completed a gent's signature to has/have authors.	e above stated limited agent and agree to act to performance of my defended to the Christian Eubank rity to manage is/are:	liability company at the plac in this capacity. I further ag luties, und I am familiar with
Registered agent's acce laving been named as a esignated in this applic o complywith the provi- ccept the obligations of S. The name, title or ca	TALLAHASSEE plunce: registered agent and to ation, I hereby accept to sions of all statutes relaining position as registed URS Agents pacity and address of the	(City) accept service the appointme tive to the pro red agent. (Registered	of process for the nt as registered a per and completed a gent's signature to has/have authors.	e above stated limited agent and agree to act to performance of my defended to the Christian Eubank rity to manage is/are:	liability company at the plac in this capacity. I further ag luties, und I am familiar with
degistered agent's accellaving been named as a sesignated in this application complywith the province of the obligations of the came, title or came, title or came.	TALLAHASSEE plunce: registered agent and to ation, I hereby accept to sions of all statutes relaining position as registed URS Agents pacity and address of the	(City) accept service the appointme tive to the pro red agent. (Registered	of process for the nt as registered a per and completed a gent's signature to has/have authors.	e above stated limited agent and agree to act to performance of my defended to the Christian Eubank rity to manage is/are:	liability company at the plac in this capacity. I further ag luties, und I am familiar with
Registered agent's acceleaving been named as a esignated in this application complywith the provincept the obligations of the control of the	TALLAHASSEE plance: registered agent and to ation, I hereby accept to sions of all statutes relations of all statutes relations as register URS Agents pacity and address of the HORIZED MEMBER-S the of existence, no more to of which it is organize	(City) accept service the appointmentive to the pro- red agent. (Registered e person(s) who 494 SUNRIS than 90 days of	of process for the nt as registered a per and completed a gent's signature to has/have author EROAD, BLAIN	cated by the official hagen language, a translation	liability company at the plac in this capacity. I further ag luties, und I am familiar with

Typed or printed name of signee



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

STEVE LEMAY 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 02/10/2014.

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: 603 369 670

STATE OF THE STATE

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

Kim Wyman, Secretary of State

tim Ulyna

Date Issued: 02/13/2018