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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly

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03/20/18--01026--011 **125.00



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:

.

Wendy Perry Name of Person	
Airpol LLC	
Firm/Company	
108 N Washington S7. Ste 305 Address	
Spokane WA 99001	
City/State and Zip Code	
Wendy-Monarch Dowtlook.com	7
For further information concerning this matter, please call:	1
Wend Plyn at 569 944 5822 ? Name of Contact Person Area Code Daytime Telephone Number	<u> </u>
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Clifton Building	
Enclosed is a check for the following amount: X \$125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee. Certificate of Status Certified Copy 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:

oreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.") If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Linbidity Company," "LL C," or "LLC.") Mashington bit 3. (FEL number, if applicable) of fighthy commany is orranged) in Florida, il prior to registration.) & 605 0905. E.S. to determine penalty fiability) Shington St. Ste. 305 ton St. Ste_305 5. 6. 99201 ollan

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	Stuart Turgel	
Office Address:	Sylol Lakeworth Ril	Ste Uls
	Lakensorth	Florida 33467
	(City)	(Zip code)

Registered agent's acceptance:

8.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lam familiar with and accept the obligations of my position as registered agent.

l accept the obligations of n	ny position as registered/ugent. —		
 	aturn Ingel		·.) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	(Registeres ареня'		
The name, title or capacity a	and address of the person(s) who h	as/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
ofterations more	Eliff Walton		٤
	108 N Washingtons Sprkane, WA 99201	T. Ste 305	
Brok-Keepper	Wendy Perry To Box Siz		
	<u>Greenheres MA</u>	T:	

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

the Department of S	tate constitutes a third degree telony as provided for in \$.817.1.
	Signuture of an outburized person
SI, ffor	2 (Walton Jr
	Exped or printed name of signer

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:

L. <u>Air Pol</u> , <u>LLC</u> (Name of Foreign Limited Liability Company; must include "Limi	and Linkility Commany " " L C " or " L C ")
(Name of Poreign Limited Daosity Company, must include Limit	act chabing company. En.e., of Elec.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in F	Forida The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Washington State (Jurisdiction under the Jaw of which foreign limited liability company is organized)	3(FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to deter	to registration.)
5. 108 N Washington St. Ste. 305 (Street Address of Principal Office) Spollane, WA 99201	6. <u>IDE N Washington St. Ste</u> , 305 (Mailing Address) Spolkane WA 99201
· · ·	,

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	Stuart Turgel	
Office Address:	8461 Lakeworth Rd	Ste. 415
	Lakenberth	. Florida <u>33467</u>
	- <u> </u>	(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

			î ,	
	(Registered agent'	's signature)		_
8. The name title or canacity ar	ad address of the person(s) who t	has/have authority to manage is/are:	· ,	- 1
Title or Capacity:	<u>Name and Address:</u>	<u>Title or Capacity:</u>	Name and Ad	dress:
Offercitions MGR	Eliff Walton	······································		
	108 N Washingtons	<u>t.ste</u> 305		
	99301		_ 1 •	
Bokkeeper	Wendy PErry			
	Greenberes MA			
(1)		•/		

(Use attachments if necessary)

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the Department of S	State constitutes a third degree felony as provided for in \$.817.15
	Signature of an authorized person
Sliffor	& Watton Jr
	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

AIRPOL 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 09/27/2017.

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:
 03/05/2018 ...

 UBI Number:
 604 173 1721



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

Kin Ulyna

Kim Wyman, Secretary of State

Date Issued: 03/05/2018