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COVER LETTER

);	Registration Section Division of Corporations	
RIL	DRIVESHOP, LLC	
13431	Name of Limited Liability Company	
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Coce, and check are submitted to register the above referenced foreign limited liability company to transact business	
ase	return all correspondence concerning this matter to the following:	
	Mark Detillion	
	Name of Person	
	DRIVESHOP, LLC	
	Firm/Company	
	18300 Redmond Way, Suite 200	
	Address	٦.
	Redmond, WA 98052	
	City/State and Zip Code	ŢΠ
	mark@driveshop.com	J
	E-mail address: (to be used for future annual report notification)	
fur	her information concerning this matter, please call:	
	Mark Detillion 425 869-8519 x 37	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
close	ed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Cert Certified Copy of Status & Certified Copy	ificate

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

IN COMPILANCE 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 unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida, The alternate na	ame must include "Limited	Liability Compa	any," "LLC," or "LLC
State of Washington		3. <u>46-15</u>			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEL	number, if applic	abie)
•					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ine penalty liability)			
18300 Redmond Way,			Redmond Way, S	Suite 200	
(Street Address of	Principal Office)		(Mailing	Address)	
Redmond, WA 98052		Redm	ond, WA		
				<u>~:</u>	20 9
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	able)	•:	Reg.
Name:	Northwest Registered Agent, LLC				3 - ₁
Office Address:	3030 N. Rocky Point Dr. STE 150A		-	<i>: •</i>	0 :-
	Tampa		, Florida <u>33607</u> (Zip	•	
					: 0:
iving been named as re signated in this applica comply with the provis	(City) stance: egistered agent and to accept service of p stion, I hereby accept the appointment a sions of all statutes relative to the proper s of my position as registered agent.	process for the s registered ag	e above stated limitent and agree to	ited liability act in this c	company at the capacity. I furth
signated in this applica comply with the provis	stance: egistered agent and to accept service of partice, ition, I hereby accept the appointment a sions of all statutes relative to the proper	process for the is registered us and complete	e above stated limitent and agree to	ited liability act in this c	company at the capacity. I furth
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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

DRIVESHOP, 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 04/08/2011.

1 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: 03/26/2018 UBI Number: 603 103 107

STATE OF WASHING

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

Kim Wyman, Secretary of State

Date Issued: 03/26/2018