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<sup>B</sup> FIGUEROA MAY 25 2018

## COVER LETTER

TO:	Registration Section Division of Corporation	s								
SUBJE	John Almeda Enterp	rises LLC								
OD31	EC1.	Name of	Limited Liability (	Company						
					ansact Business in Florida," C y company to transact busines					
Please	return all correspondence co	oncerning this matter to the	following:							
	Nemiel Felix									
		N	ame of Person							
	John Almeda Enterprises LLC  Firm/Company  801 Northport Pwky, #K14									
			Address							
	West Palm Beac	West Palm Beach, FL 33407  City/State and Zip Code								
	info@johnalmeda	nfo@johnalmedaenterprises.com								
		E-mail address: (to be use	d for future annual	report not	ification)					
For fur	ther information concerning	this matter, please call:				mber  Fee, Certificate				
	Nemiel Felix		954 at (	673-468	36					
	Name of	Contact Person	Area Code	Day	time Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding ecutive Center Circle ee, FL 32301					
Enclos	ed is a check for the followi	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir 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:

1. John Almeda Enterpris			
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "LLC.")	
	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Lish	shry Company." "L.L.C." or "LLC.")
2.WA		3. 47-2748385	,,,
	rtich foreign limited liability company is organized)		er, if applicable)
4.			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.)	<del></del>
5 801 Northport Pwky,		6 801 Northport Pwky, #K14	
(Street Address of	Principal Office)	(Mailing Addr	cit)
West Palm Beach, FL	33407	West Palm Beach, FL 3340	7
	<u></u>		28
<ol><li>Name and street addre</li></ol>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	HAY:
Name:	Nemiel Felix		23 T
· ·	00131 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>	اساء الماسا
Office Address:	801 Northport Pwky, #K14		PH 4: 30 PH 4: 30
	West Palm Beach	, Florida 33407	10 F.
Registered agent's accer	(Ciry)	(Zip code	<del>□</del> 걸등 3
	(Registered agent's a	ignatize)	
	acity and address of the person(s) who ha		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Nemicl Felix		
	629 W Ocean Ave Boynton Beach, FL 33426		
	BOVITON BEACH, FL 33420	-	***
Member	Johnson Alexandre		
	1201 Pacific Ave. Suite 600	<del></del>	
	Tacoma, WA 98402	-	
(Use attachments if nece	ssary)		
9. Attached is a certificate	e of existence, no more than 90 days old, o	duly authenticated by the official ha	ving custody of records in the
jurisdiction under the law	of which it is organized. (If the certificate	e is in a foreign language, a translati	on of the certificate under oat
of the translator must be:	submitted)		
10. This document is exe	cuted in accordance with section 605.0203	(1) (b), Florida Statutes, I am awan	e that any false information
submitted in a document	to the Department of State constitutes a thi	rd degree felony as provided for in	s.817.155, F.S.
		X	
	Segnature	of an authorized person	· · · · · ·
	Johnson	n Alexandre	
	· · · · · · · · · · · · · · · · · · ·	printed name of signee	<del></del>



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

#### JOHNALMEDA ENTERPRISES, 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 01/05/2015.

**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.

1 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: 05/16/2018 UBI Number: 603 465 138

STATE ON ASHING

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

Kim Wyman, Secretary of State

tun Ugna

Date Issued: 05/16/2018