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COVER LETTER

TO:

Registration Section

Divi	sion of Corporation	18				
SUBJECT:	SUMMIT MANAG	GEMENT SERVICES LLC				
		Name of	Limited Liability (Company		
					ansact Business in Florida," Cert y company to transact business in	
Please return	all correspondence of	concerning this matter to the	following:			
	Ryan Wear					
	-	N	ame of Person		***************************************	
		Fi	rm/Company			
	2732 GRAND	AVE STE 122				
			Address			
	EVERETT, W	A. 98201-3416, US				
		City/S	tate and Zip Code			
	rwear@waterstat	iontechnology.com				
		E-mail address: (to be used	d for future annual	report no	tification)	
For further in	formation concernin	g this matter, please call:				
Rya	n Wear		at (425-24		
	Name c	of Contact Person	Area Code	Day	time Telephone Number	
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314	;		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section duilding secutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: \$\Bigcup \mathbb{S}\130.00 \text{Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ig Fee &	\$160.00 Filing Fee. Certific of Status & Certified Copy	ate

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

IN COMPHANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alt	emate name adopto	ed for the purpose of transacting business in Flori	ida The a	ilternate name must i	nclude "Limited Lial	ulus Com	pany." "1. t.	C," or "LI	.C ")
Washington			3						
	iw of which foreign	n limited hability company is organized)	. ر		(FE) numb	er, it appl	icable)		_
 	(Dai	te first transacted business in Florida, if prior to re- e sections 605 0904 & 605 0905, F.S. to determin	egistration	n)					
		: sections 605 0904 & 605 0905, F.S. to determin							
2732 GRAND A	VE STE 122 ress of Principal O	or	6.	PO BOX 322	6 (Mailing Addr	- 1			_
EVERETT, WA.	•			EVERETT V	VA, 98213-82				
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Name and street a	iddress of Flo	orida registered agent: (P.O. Box	NOT:	acceptable)			<i>5π</i> ≱ σο	ري.	<u>;</u>
Name:	InCor	rp Services, Inc.						-	=
rame.							2	<u> </u>	
Office Add	ress: <u>17888</u>	8 67th Court North					32	٠. ج	3.
	Loxal	hatchee		DI 1	da <u>33470</u>		<u> 골</u> 은	- 1	
		(City)		, FIOTE	ua(Zip code		~		
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The State of Washington

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

SUMMIT MANAGEMENT SERVICES LLC

I CERTIFY that the records on tile 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 03/07/2005.

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: 06/01/2018 UBI Number: 602 480 282

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

Kin Ulgna

Date Issued: 06/01/2018