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### **COVER LETTER**

	ition Section of Corporations			
SUBJECT:	OVER THE TOP SEO, LLC			
	Name of	Limited Liability	Company	
The enclosed "Ap Existence, and ch	oplication by Foreign Limited Liability Comeck are submitted to register the above refer	pany for Authoriz enced foreign lim	ation to Transact Business in Florida, ited liability company to transact busing	Certificate of ness in Florida.
Please return all c	orrespondence concerning this matter to the	following:		
	GREG LUCAS		·	% Jan 52
	N	ame of Person		
				25
	F	irm/Company		> ::-
	170 S LINCOLN STREET, SUITE 100			્ય જ
		Address		<b>-</b>
	SPOKANE, WA. 99201			
	City/S	tate and Zip Code	:	
g	reg@overthetopseo.com			
_	E-mail address: (to be use	d for future annua	report notification)	
For further inform	ation concerning this matter, please call:			
Illan Roi		954 at (	281-3739	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Division Registrat P.O. Box	G ADDRESS: of Corporations ion Section 6327 see, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	k for the following amount: 00 Filing Fee	☐ \$155.00 Filit Certified Copy		

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

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

(If name unavailable, enter alternate	name adopted for the purpose of transacting bu	siness in Florida. The alternate name must include 'Limited Ula	hibry Company," 'L.I. C," or 't I.C	7)
2. Washington		3		
(Jurisdiction under the law of v	which foreign limited hability company is organ	ized) (FEI numb	er, if applicables	
4 N/A - Business shall o	commence upon proper registrati	ion	<b>.</b>	
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florid (See sections 605 0904 & 605 0905, F	a. if prior to registration.) S. to determine penalty liability)		
5 170 S Lincoln Street		6. 170 S Lincoln Street	<u> </u>	
(Street Address of	Principal Office)	(Mailing Add	ress) I	- 1
Suite 100		Suite 100	· 2	!
Spokane, Washington	99201	Spokane, Washington 9920	)]	
			مند	
7. Name and street addre	ss of Florida registered agent: (1	P.O. Box NOT acceptable)	., <u>.</u>	المسابعة
Name:	InCorp Services, Inc.		ୁ ଓ ।	
	17888 67th Court North	<del>.</del>		
Office Address:	Trous Orni Court (Votti)			
	Loxahatchee, FL	Florida 33470 (Zip cod		
Registered agent's accep	(City	) (Zip cod	e)	
	ions of all statutes relative to the is of my position as registered a	e proper and complete performance of my gent.	in this capacity. I furth duties, and I am familia	r with
	ns of my position as registered a	gent. ourtney Thomas on Behalf of InCorp Service	duties, and I am familia	r with
	ns of my position as registered a	gent.	duties, and I am familia	r with
and accept the obligation  8. The name, title or cap	s of my position as registered a Co	gent. ourtney Thomas on Behalf of InCorp Service	duties, and I am familia	r with
and accept the obligation	s of my position as registered a Co	gent. Surtney Thomas on Behalf of InCorp Service ered agent's signature) s) who has/have authority to manage is/are:	duties, and I am familia	r with
and accept the obligation  8. The name, title or cap	co of my position as registered and Co (Registered and Address)	gent.  nurtney Thomas on Behalf of InCorp Service ered agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:	duties, and I am familia s, Inc.	r with
<ul> <li>and accept the obligation</li> <li>8. The name, title or cap <u>Title or Capacity:</u></li> </ul>	racity and address of the person(s    Name and Address	gent.  nurtney Thomas on Behalf of InCorp Service ered agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:	duties, and I am familia s, Inc.	r with
<ul> <li>and accept the obligation</li> <li>8. The name, title or cap <u>Title or Capacity:</u></li> </ul>	co of my position as registered and Co (Registered and Address)	gent.  nurtney Thomas on Behalf of InCorp Service ered agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:	duties, and I am familia s, Inc.	r with
<ul> <li>and accept the obligation</li> <li>8. The name, title or cap <u>Title or Capacity:</u></li> </ul>	racity and address of the person(s    Name and Address	gent.  nurtney Thomas on Behalf of InCorp Service ered agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:	duties, and I am familia s, Inc.	r with
<ul> <li>and accept the obligation</li> <li>8. The name, title or cap <u>Title or Capacity:</u></li> </ul>	racity and address of the person(s    Name and Address	gent.  nurtney Thomas on Behalf of InCorp Service ered agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:	duties, and I am familia s, Inc.	r with
<ul> <li>and accept the obligation</li> <li>8. The name, title or cap <u>Title or Capacity:</u></li> </ul>	racity and address of the person(s    Name and Address	gent.  nurtney Thomas on Behalf of InCorp Service ered agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:	duties, and I am familia s, Inc.	r with
8. The name, title or cap  Title or Capacity:	registered a Co (Registered a) (Regi	gent.  nurtney Thomas on Behalf of InCorp Service ered agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:	duties, and I am familia s, Inc.	r with
8. The name, title or cap  Title or Capacity:  MGR  (Use attachments if neces	racity and address of the person(s    Name and Address	gent.  Sourtney Thomas on Behalf of InCorp Service ered agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:  5, Ste 100	Name and Address:	r with
8. The name, title or cap  Title or Capacity:  MGR  (Use attachments if necessity):  9. Attached is a certificate jurisdiction under the law	sacity and address of the person(s    Name and Address	gent.  nurtney Thomas on Behalf of InCorp Service ered agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:	Name and Address:  ving custody of records	r with
8. The name, title or cap  Title or Capacity:  MGR  (Use attachments if neces  9. Attached is a certificate jurisdiction under the law of the translator must be s	Greg Lucas  170 S. Lincoln Street Spokane, WA 99201  ssary)  e of existence, no more than 90 d of which it is organized. (If the submitted)	gent.  Surtney Thomas on Behalf of InCorp Service (red agent's signature)  s) who has/have authority to manage is/are:  Title or Capacity:  (Ste 100)  lays old, duly authenticated by the official had certificate is in a foreign language, a translation.	Name and Address:  ving custody of records ion of the certificate und	in the
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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 scal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

#### OVER THE TOP SEO 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 08/31/2016.

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.

1 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: 06/14/2018 UBI Number: 604 033 508

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

Kim Wyman, Secretary of State

Date Issued: 06/14/2018