# M12000007150

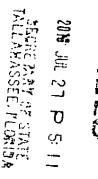
(Re	equestor's Name)	
(Ad	ldress)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

	Vax, LLC	ET imited Tickilie.		-
	Name of	f Limited Liability (	company	
The enclosed "Application Existence, and check are st	by Foreign Limited Liability Con- ubmitted to register the above refer	npany for Authoriza renced foreign limit	tion to Transact Business in Florida, ed liability company to transact busin	' Certificate of ness in Florida.
Please return all correspon	dence concerning this matter to the	e following:		
Al Fazio	)			
<del></del>	1	Name of Person		
Vancou	ver Wax, LLC			
_ <del></del>	E	Firm/Company		•
111 W.	39th Street			
		Address		•
Vancou	ver, WA 98660			
	City/S	State and Zip Code		
afazio@p	acificbells.com			
<del></del>	E-mail address: (to be use	ed for future annual	report notification)	
For further information con	ncerning this matter, please call:			
Al Fazio		360	694-7855	
<u></u>	Name of Contact Person	at ( Area Code	Daytime Telephone Number	
MAILING ADD			STREET ADDRESS:	
Division of Corpo Registration Secti		•	Division of Corporations  Registration Section	
P.O. Box 6327 Tallahassee, FL 3	2314		Clifton Building 2661 Executive Center Circle	
	2514		Tallahassee, FL 32301	
radanassee, FL 3				
Enclosed is a check for the		□ \$155.00 Filin	g Fee & 🔲 \$160.00 Filing Fee, C	

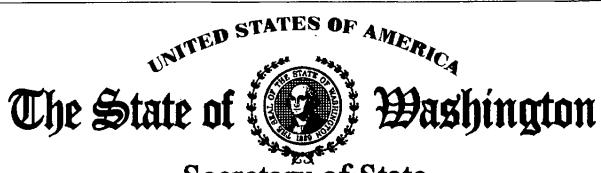
RECEIVED

BUL 27 PH 3:51

## 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:

	01.0000310			.L.C," or "L.I	
2 Washington State (Jurisdiction under the law of which foreign limited liability company is organized)		3 81-0767347 (FSI number, if applicable)			_
h foreign limited liability company is organized)		(FEI number,	, if applicable)		
(See sections 605.0904 & 605.0905, F.S. to deter	r to registration.) ermine penalty kability)				
	6. Vancouver Wa	x, LLC	<del></del>		_
ncipa (Office)	111 W. 39th St	· -	3)		
	Vancouver, W.	A 98660	<u>دن ختر</u>	2	-
			<u> </u>	<u> </u>	- ,
of Florida registered agent: (P.O. Bo	ox NOT accentable)		Sec.		_
	o <u>2.0.2</u>		SS.	2	Į
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1200 South Pine Island Rd.	<del></del>		7	U	f
Plantation	Florida	33324	D T	ယ်	*
(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip code)	<del>-</del> 골닭		
istered agent and to accept service of on, I hereby accept the appointment as of all statutes relative to the property of my position as registered agent.  (Registered agent	as registered agent and over and complete perform	agree to act in ance of my du	this capaci	ty. I furt	her
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	of Florida registered agent: (P.O. B C T Corporation System 1200 South Pine Island Rd Plantation	of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System  1200 South Pine Island Rd. Plantation , Florida	6. Vancouver Wax, LLC  (Mailing Address 111 W. 39th Street  Vancouver, WA 98660  of Florida registered agent: (P.O. Box NOT acceptable)  C T Corporation System  1200 South Pine Island Rd.  Plantation  , Florida (Cay)  (Zip code)	of Florida registered agent: (P.O. Box NOT acceptable)  C T Corporation System  1200 South Pine Island Rd. Plantation  (Cay)  C Vancouver Wax, LLC  (Mailing Address)  (Address)  (Say)  3334	of Florida registered agent: (P.O. Box NOT acceptable)  C T Corporation System  1200 South Pine Island Rd. Plantation  Plantation  6. Vancouver Wax, LLC  (Mailling Address)  Vancouver, WA 98660  C T Corporation System  33324



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

### **VANCOUVER WAX, 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 12/08/2015.

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.

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: 07/24/2018

UBI Number: 603 566 278

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

Kim Wyman, Secretary of State

tur Ugna

Date Issued: 07/24/2018