## 1118000007837

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(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	: #)
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SECRETANY OF STATE

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## COVER LETTER

TO: Registration Section

Division of Corporation	ns						
Breast Cancer Co SUBJECT:	nqueror LLC						
Tyo Da De Fr	Name of I	imited Liability (	Company				
The enclosed "Application by For Existence, and check are submitted							
Please return all correspondence	concerning this matter to the	following:					
Deborah Osg	ood, CPA						
<del></del>	No	une of Person					
Deborah Osg	ood CPA						
<del></del>	Fi	rm/Company		· · · · · · · · · · · · · · · · · · ·			
11397 <b>B</b> ig Ca	noe						
•		Address					
Big Canoe. G	A 30143						
<del></del> .	City/Si	tate and Zip Code		· <del>-</del>			
deb@debosgo	odcpa.com						
<del></del>	E-mail address: (to be used	l for future annual	report noti	fication)			
For further information concerning	ng this matter, please call:				SEC	2018	
Deborah Osgood		404 at (	996-193	37	2+# ## 2*#1	2018 AUG	1
Name o	of Contact Person	Area Code	Dayt	ime Telephone Number	385	20	r
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division o Registratio Clifton Bu 2661 Exec		E MRY OF STATE HASSEE/FLORIDA	P# 2: 49	
Enclosed is a check for the follow ■ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filis Certified Copy	_	☐ \$160.00 Filing Fee, Cer 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:

State of Washington	me who breat tot the brakere or nauguroung promess or a	Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Jule of Hashington		<sub>3.</sub> 81-4098467	
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)	(FEI m	umber, if applicable!
September 15, 2018			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	r to registration ) ermine penalty liability)	<del></del>
170 S. Lincoln St. Ste	100	6. 170 S. Lincoln St Ste	100
(Street Address of Pr	•	Spokane, WA 99201-4	Address)
Spokane, WA 99201-	4443	Spokalie, WA 33201-	
Name and street address	s of Florida registered agent: (P.O. B	ox NOT acceptable)	
Name:	Brian Chomniak		
Office Address:	9220 Quartz Lane, Unit 102		
	Naples	Florida 34120	
	(City)		code)
signated in this applicate comply with the provision	gistered agent and to accept service of tion, I hereby accept the appointmen ons of all statutes relative to the prop tof my position as registered agent.	at as registered agent and agree to a per and complete performance of n	act in this capacity. I further ag
aving been named as rejection of the comply with the provision of accept the obligations	gistered agent and to accept service of tion, I hereby accept the appointmen ons of all statutes relative to the prop t of my position as registered agent.  (Registered agen	at as registered agent and agree to a per and complete performance of n main signatures	act in this capacity. I further ag ny duties, and I am familiar with
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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

## BREAST CANCER CONQUEROR 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 09/14/2016.

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: 08/17/2018 UBI Number: 604 037 925

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

ten Ulgna

Date Issued: 08/17/2018