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COVER LETTER

	Registration Section Division of Corporation	os				
SUBJEC	Deyari, LLC					
SOBJEC	···	Name of	Limited Liability (Company		
					ansact Business in Florida," (y company to transact busine	
Please ret	turn all correspondence c	oncerning this matter to the	following:			
	Terri Campbell					
	-	N	ame of Person			
	Harlowe & Fall	CLLP				
	_	Fi	rm/Company	···-		
	1 N Tacoma Av	re, Suite 300				
			Address			
	Tacoma, WA 9	8403				
		City/S	tate and Zip Code			
	aa.almuhairy@gi	nail.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further	er information concerning	g this matter, please call:				
	Terri Campbell		253 _ at (284-44.	23	
•	Name o	f 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 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	is a check for the follow ☐ \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$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 603.0002, FLORIDA STATUTISS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me merkenecie, eetst ghetsiste i	same adopted for the purpose of transacting business in Floric	ia, The alternate nume must include "Limited Lis	bility Company," "LLC," or "LL
ashington state		3	
Imiadiction under the law of w	fuch bruign limited liability company is organized)	(PS) muri	ber, if applicable)
	(Date first transpored business in Florido, if prior to re (See rections 605,0904 & 605,0905, F.S. to determine	surretion.) penelty liebility)	
1373 Almamzar Beai		6. 1 N Tacoma Ave	
(Street Address of) Jubai, United Arab Br	-	(Mailing Add Suite 300	ness)
//S, 111373	IIII a IC3	Tacoma, WA 98403	
73, 1113/3		Taconia, Tra 90403	77.00
anna and atmost address	is of Plorida registered agent: (P.O. Box.)	NOT acceptable)	(A)
mite gim bileet anniés	• •	401 acceptance)	
Name:	Corporation Service Company		in the second
Office Address:	1201 Hays Street		E. S.
	Tallahassee	, Florida 32301	<u> </u>
	14:10/10040	, Piorida	
ng been named as re nated in this applica nply with the provisi	gistered agent and to accept service of pro lion, I hereby accept the appointment as t ons of all statutes relative to the proper at tof my position as registered agent.	(Zip eods ocess for the above stated limited registered agent and agree to act to nd complete performance of my a rets/Assistant Secretary	in this capacity. I furth
ng been named as re nated in this applica nply with the provisi ccept the obligations ne name, title or capa	tance: gistered agent and to accept service of profiler, I hereby accept the appointment as toons of all statutes relative to the proper at of my position as registered agent. Megan L. B. (Registered agent's significant agent	(Zipeode press for the above stated limited registered agent and agree to act is and complete performance of my a rets/Assistant Secretary have authority to manage is/are:	in this capacity. I furth luties, and I am familio
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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

DEYARI, 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 04/05/2017.

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:

08/13/2018 604 110 969

ALCONO.

UBI Number:



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

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 08/13/2018