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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | idress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | NBC Basketball Camps, LLC | | | | |
|-------------------|---|----------------------|---|----------|-----------------|
| SUBJECT | Name o | f Limited Liability | Company | _ | |
| | H "Application by Foreign Limited Liability Cornd check are submitted to register the above refe | | | | |
| Please return | all correspondence concerning this matter to the | e following: | | | |
| | Viktoriya Malko | | | | |
| | | Name of Person | | _ | |
| | NBC Basketball Camps, LLC | | | | |
| | | Firm/Company | | _ | |
| | 10003 N Division St, Suite 100 | | | | |
| | | Address | | _ | |
| | Spokane, WA 99218 | | | | |
| | City | State and Zip Code | | _ | |
| | vmalko@nbccamps.com | | | _ | |
| | E-mail address: (to be us | sed for future annua | l report notification) | . 22 | |
| For further in | nformation concerning this matter, please call: | | | 2019 144 | Landary. |
| Vik | ctoriya Malko | 509 at (| 232-7320 | 5 元 2 | ه مدهد دستسر |
| | Name of Contact Person | Area Code | Daytime Telephone Number | (c) | in the second |
| Div Reg P.O | ALING ADDRESS: ision of Corporations gistration Section Box 6327 lahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | PH 1-53 | g nyan gayan |
| Plea | losed is a check for the following amount: ase make check payable to: FLORIDA DEPAR \$125.00 Filing Fee S130.00 Filing Fee Certificate of S | & 🔲 \$155.00 | TE Diffiling Fee & \$160.00 Filing fed Copy of Status & Ce | | |

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 TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Washington State | | .LC. | | |
|---|---|---|--|--|
| | 20-8035789 3. | | | |
| (Jurisdiction under the law of which toreign limited liability compa | any is organized) (FEI number, if applicable) | _ | | |
| 1/1/2019 | | | | |
| (Date first transacted busine (See sections 605 0904 & 6 | ess in Florida, if prior to registration.) 05,0905, F.S. to determine penalty liability) | | | |
| 10003 N Division St., Suite 100 | 10003 N Division St., Suite 100 | 10003 N Division St., Suite 100 | | |
| (Street Address of Principal Office) | 6. (Mailing Address) | (Mailing Address) | | |
| Spokane, WA 99218 | Spokane, WA 99218 | Spokane, WA 99218 | | |
| Name and street address of Florida registered a | agent: (P.O. Box NOT acceptable) | - | | |
| Name and <u>street address</u> of Florida registered a Timothy Mitchell Name: | 2019 HAZ | t. | | |
| | 2019 #X3 25 | - i i i i i i i i i i i i i i i i i i i | | |
| Name: Timothy Mitchell 306 Flyrod Circle | 2019 #43 2 | 2 Daniel Sancer | | |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---------------------|--|-----------------------|--|
| ■Manager | Name: NBC Camps, Inc. | Manager | Name: Viktoriya Malko |
| ■Member | Address: Attn: Steve K. Pence | Member | Address: 10003 N Division St, Suite 100 |
| ■ Authorized | 1010 B St. Suite 450 | ☐ Authorized | Spokane, WA 99218 |
| Person | San Rafael, CA 94901 | Person | |
| Other | Other | Other Controller | Other |
| Manager | Name: Fred Crowell | ☐ Manager | Name: |
| ■Member | Address: 3325 W Horizon Ave | Member | Address: |
| Authorized | Spokane, WA 99208 | Authorized | |
| Person | | Person | |
| Other | Other | Other | |
| ☐Manager ■Member | Name: Jennifer Ferch Address: 3512 W Horizon Ave | ☐ Manager ☐ Member | Name: Sold Collaboration Address: Sold Collaboration Colla |
| Authorized | Spokane, WA 99208 | Authorized | |
| Person | | Person | တ ယ |
| Other | Other | Other | Other |

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.





Secretary of State

1, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

NBC BASKETBALL CAMPS, 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 08/09/2006.

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: 03/14/2019

UBI Number: 602 640 327

STATE ON SHINGS IN 1889 TO 1889

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

Kim Wyman, Secretary of State

tim Ugna

Date Issued: 03-14-2019