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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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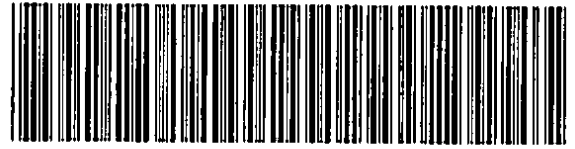
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Special Instructions to Filing Officer:

1119-32375

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03/25/19--01044--011 **130.00

04/18/19--01022--002 **916.25

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2019 APR 19 PM 1:34
TALLAHASSEE FLORIDA

D. BRUCE
APR 19 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2019

DALE ROSSI
8332 MARY AVE NW
SEATTLE, WA 98117

SUBJECT: THE PORTRAIT SYSTEM LLC
Ref. Number: W19000032375

We have received your document for THE PORTRAIT SYSTEM LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$916.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 519A00006358

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Portrait System LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dale Rossi
Name of Person
Digital Product Studio LLC
Firm/Company
8332 Mary Ave NW
Address
Seattle Wa. 98117
City/State and Zip Code
dale@digitalproductstudio.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Dale Rossi at (213) 703-1959
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate 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:

1. The Portrait System LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Washington St. 3. 81-2290239
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/12/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8332 Mary Ave NW 6. 8332 Mary Ave. NW
(Street Address of Principal Office) (Mailing Address)

Seattle, Wa. 98117 Seattle Wa. 98117

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Melissa White

Office Address: 1204 Bay Pine Bl.

Indian Rocks Beach 99785
(City) , Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Melissa White
(Registered agent's signature)

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2019 APR 19 PM 1:34
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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:**

☐ Manager Name: Craig Swanson

☒ Member Address: 8327 14th St NW

☐ Authorized Seattle Wa. 98117

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: George Varanakis

☒ Member Address: 252 Longfellow Ave

☐ Authorized Hermosa Beach, Ca. 90254

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Aaron Anderson

☒ Member Address: 1631 NW 198th St.

☐ Authorized Shoreline Wa. 98117

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

DocuSigned by:

Aaron Anderson

Signature of an authorized person

Aaron Anderson

Typed or printed name of signer

UNITED STATES OF AMERICA

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

THE PORTRAIT SYSTEM, 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 04/12/2016.

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: 02/04/2019

UBI Number: 603 607 281



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

Kim Wyman, Secretary of State

Date Issued: 02/04/2019