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Incorporating Services, Ltd.

incserv^o 1540 Glenway Drive

Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

> Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 4/25/2019

PRIORITY Routine

OUR REF # (Order 10#) 739466

ORDER ENTITY

TRIMLITE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: jacob@recordsearch.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, April 25, 2019

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: Trimlite 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 Lisbility Company," "L1.C," or "L1.C.") 91-2027014 Washington (Jurisdiction under the law of which foreign limited kability company is organized) (FEI number, if applicable) April 1, 2018 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine pensity liability) 901 SW 39th Street (Street Address of Principal Office) Renton, WA 98057 Renton, WA 98057 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr., Suite A Office Address: Tailahassee (City) 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.

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; F. Ross Murray Manager Manager Name: _ Manager 901 SW 39th Street Member Address: _ Renton, WA 98057 ■ Authorized Authorized Person Person Other Other_ Other_ Other Manager Manager Name: ___ Member Address: Address: Authorized ☐ Authorized Person Person Other____ Other_ Other Manager Name: Manager ☐ Member Address: _ Member Address: Authorized Authorized Person Person Other_ Other_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. F. Ross Murray, Manager

Typed or printed name of signer



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

TRIMLITE 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 12/16/1999.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the

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.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.
1 FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that

Issued Date: 04/24/2019 UBI Number: 601 999 451



proceedings for administrative dissolution are not pending.

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

Kim Wyman, Secretary of State

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Date Issued: 04/24/2019