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	C	ORPORATE When you need ACCESS to the world ACCESS,
		INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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1.		Capao Sianal Solutions, LLC (CORPORATE)NAME AND DOCUMENT #)
2.		
<b></b>		(CORPORATE NAME AND DOCUMENT #)
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j.		(CORPORATE NAME AND DOCUMENT #)
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SPECIAL INSTRUCTIONS:

# **COVER LETTER**

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SUBJE		Cargo Signal Solutio				
SUBJE			Name of I	Limited Liability C	ompany	
The end Existen	losed ' ce, and	'Application by Fore check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizat need foreign limite	ion to Tra ed liability	nsact Business in Florida," Certificate o company to transact business in Florida
Please i	return a	ill correspondence co	oncerning this matter to the	following:		
		Nicholas Norma	an			
			Na	ame of Person		
		Registered Ages	nt Solutions, Inc.			
			Fi	rm/Company		
		1701 Directors	rectors Blvd Ste. 300			
		Address				
		Austin, TX 78744				
		<del> </del>	City/State and Zip Code			
		ars@rasi.com				
			E-mail address: (to be used	for future annual	report not	ification)
For fur	ther int	formation concerning	g this matter, please call:			
	Nick	Norman		888 at (	705-72	
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number
	Divis Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301
Enclos		check for the follow 25.00 Filing Fee	ing amount:  \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	g Fee &	□ \$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:

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  1015 Third Ave (Street Address of Principal Office)  Seattle, WA 98104  Seattle, WA 98104  Seattle, WA 98104  Name: Registered Agent Solutions, Inc.  Office Address:  155 Office Plaza Dr. Suite A  Tallahassee  (City)  (City)  Registered agent and to accept service of process for the above stated limited liability company at the comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary	(Jurisdiction under the law of which	ch foreign limited liability company is organized)	3.	
(Date first transacted businest in Florida, if prior to registration.) (See sections 603,0904 & 603,0903, F.S. to determine penalty liability)  1015 Third Ave (Street Address of Principal Office)  Seattle, WA 98104  Seattle, WA 98104  Name:  Registered Agent Solutions, Inc.  Office Address:  155 Office Plaza Dr. Suite A  Tallahassee  (City)  (City)  Registered agent's acceptance:  I aving been named as registered agent and to accept the appointment as registered agent and agree to act in this cupacity. I further or comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familie and accept the obligations of my position as registered agent.  Name and Address:  Title or Capacity:  Name and Address:	(Jurisdiction under the law of which	ch foreign limited liability company is organized)		
(See sections 693 0904 & 693 0905, F.S. to determine penalty liability)  1015 Third Ave  (Street Address of Principal Office)  Seattle, WA 98104  Seattle, WA 98104  Seattle, WA 98104  Seattle, WA 98104  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agent Solutions, Inc.  Office Address:  Tallahassee  (City)  (City)  (City)  (City)  Registered agent and to accept service of process for the above stated limited liability company at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiate accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary  (Registered agent: signature)  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Todd Brown 1015 Third Ave  1015 Third Ave	·		•	(FEI number, if applicable)
Seattle, WA 98104   Seat		(Date first transacted business in Florida, if prior i	o registration.)	
Seattle, WA 98104  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agent Solutions, Inc.  Office Address:  155 Office Plaza Dr. Suite A  Tallahassee  (City)  (C	IOIS Third Aug	(See sections 605.0904 & 605.0905, F.S. to deter	mine penalty liability)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agent Solutions, Inc.  Office Address: 155 Office Plaza Dr. Suite A  Tallahassee Florida (City) Florida (219 code)  registered agent's acceptance: (City) (219 code)  registered agent's acceptance: (City) (219 code)  registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiate accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary  Mackenzie Hart, Asst. Secretary  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  MGR  Eugene Keith Alger  MGR  Todd Brown  1015 Third Ave		neipal Office)	6. 1013 Tillia Ave	failing Address)
Name: Registered Agent Solutions, Inc.  Office Address: 155 Office Plaza Dr. Suite A  Tallahassee Florida 32301  (City) (City) (Cip code)  registered agent's acceptance: (City) (City) (City code)  registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familied accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary  Mackenzie Hart, Asst. Secretary  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  MGR  Eugene Keith Alger  MGR  Todd Brown  1015 Third Ave	Seattle, WA 98104			
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Name: Registered Agent Solutions, Inc.  Office Address: 155 Office Plaza Dr. Suite A  Tallahassee				
Office Address:    Tallahassee	Name and street address	of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Tallahassee , Florida 32301  (City) (City) (Zip code)  registered agent's acceptance:  reving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiated accept the obligations of my position as registered agent.  Mackenzie Hart, Asst. Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  Title or Capacity: Name and Address:  MGR  Eugene Keith Alger  MGR  Todd Brown  1015 Third Ave	Name:	Registered Agent Solutions, Inc.		nie.
Tallahassee  (City)  (	Office Address:	155 Office Plaza Dr. Suite A		÷.,, \$\frac{1}{2}
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MGR         Eugene Keith Alger         MGR         Todd Brown           1015 Third Ave         1015 Third Ave		•	, ,	
1015 Third Ave 1015 Third Ave		···		Name and Address:
			I <u>MGR</u>	
			_ <del>_</del>	
MGR Jeffrey Scott Musser MGR Bradley Powell 1015 Third Ave.	MGR		MGR	<del></del>
1015 Fhird Ave  Seattle, WA 98104  Seattle, WA 98104			<del>_</del>	



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

### CERTIFICATE OF EXISTENCE

OF

## CARGO SIGNAL SOLUTIONS, 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 07/13/2017.

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.

1 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: 07/23/2019 604 145 187 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: 07/23/2019