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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section

TO:

Navidai SUBJECT:	re. LLC					
NOBJECT:		Name of Limi	ted Liability (Company		
		n Limited Liability Company register the above referenced				
Please return all corre	espondence conc	erning this matter to the follo	owing:			
Joh	nn Curran					
_		Name	of Person			
Na	vidare, LLC					
		Firm/C	Company		~	
12.	373-178th PL NI	1				
_		Ac	idress			
Re	dmond, WA 980	52				
		City/State	and Zip Code			
john	c@navidare.com					
	E-	mail address; (to be used for	future annual	report notification	on)	
For further information	on concerning th	is matter, please call:				
John Currar	1	at	425	233-5280		
	Name of Co	ontact Person	Area Code	Daytime T	elephone Number	
	327			STREET ADD Division of Cor Registration Sec Clifton Building 2661 Executive Tallahassee, FL	porations etion <u>5</u> Center Circle	
Please make	check payable t	ollowing amount: o: FLORIDA DEPARTME			-	
□ \$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S160.00 Filing Fed of Status & Certifi	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in F			1.,1C., OI 1.1.	
Washington			82-5136677 3.		
(Jurisdiction under the law of w	high foreign limited liability company is organized)		(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deten	o registration.)			
	(See sections 605,0904 & 605 0905, F.S. to deten	nine penalty liabi	ility)		
4 Wild Grape Dr		4 ' 6	4 Wild Grape Dr		
(Street Address of)	'nncipal Office)	·	(Mailing Address)		
Fernandina Beach, FL 32034		Fe	ernandina Beach, FL 32034 🚎 🙃	ó	
				<u> </u>	
		_		11 ED	
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Bo John Curran	x <u>NOT</u> ace	eptable)	ED 12	
	4 Wild Grape Dr				
Office Address:					
Office Address:	Fernandina Beach		32034 , Florida		

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:	☐ Manager	Name:
☐Member	Address: 12373 178th PL NE	Member	Address:
Authorized	Redmond, WA 98052	Authorized	
Person	-	Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other O
☐Manager	Name:	☐ Manager	Name:
☐Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	Ise an attachment to report more than six (6). I may be added to the index when filing your F ificate of existence, no more than 90 days old the law of which it is organized. (If the certificate to be submitted) s executed in accordance with section 605.026 ment to the Department of State constitutes a the submitted of the department of the Department of State constitutes a the section 605.026 ment to the Department of State constitutes a the section 605.026 ment to the Department of State constitutes a the section 605.026 ment to the Department of State constitutes a the section 605.026 ment to the Department of State constitutes a the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the Department of State constitutes as the section 605.026 ment to the section 605.026 men	Torida Department of State , duly authenticated by the ate is in a foreign language (1) (b), Florida Statutes	e Annual Report form. cofficial having custody of records in the cartificate under of the cartificate under the cartificate un

Typed or printed name of signee



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

CERTIFICATE OF EXISTENCE

OF

NAVIDARE, 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 04/06/2018.

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: 07/22/2019 UBI Number: 604 264 428

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