M190000074837

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2019 AUG 14 AH 9: 25

BKINSEY NIG 1 5 7019

Incorporating Services, Ltd.

7540 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

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 8/14/2019

PRIORITY Routine

OUR REF # (Order ID#) 761919

ORDER ENTITY

ERWIN CONSTRUCTION, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ERWIN CONSTRUCTION, LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: debbie.brouse@unisearch.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

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.

Wednesday, August 14, 2019 Page 1 of

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:

(Name of Foreign	Limited Liability Company; must include "Lim	iited Liabilit	у Сотралу," "І.	.l. C ," or "LLC.")			
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The a	hernate name naust	include "Limited Liabi	lity Company."	"L L.C," or "!	LLC "I
Washington .		91-1415540 3.					
(Jurisdiction under the law of wi	nch foreign limited liability company is organized)	ed) (FEI number, if app					
	(Date first transacted business in Florids, if prior (See sections 605 0904 & 605,0905, F.S. to dete	to registration imune penalty	l.) Imbility)				
5101 NE 82nd Ave., Suite 200		6.	5101 NE 82	NE 82nd Ave., Suite 200			
(Street Address of P	nncipal Office)	Ū.	(Mailing Address)				
Vancouver, WA 98662			Vancouver \	acouver WA 98662			
						20	
Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)		<u>;</u> ;	2019 AUG	
Name:	NRAI Services, Inc.					<u>+</u>	•
Office Address:	1200 S Pine Island Rd					AH 9:	**
	Plantation		, Flor	33324 ida	<u>-</u>	25	
(City)				(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.

NRAI Services, Inc.

By: DChobach Brown - ASSIST Sceretary

(Registered agent's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: ECC Holdco, Inc. Manager Manager Manager 5101 NE 82nd Ave. Suite 200 ■Member Address: Member Address: Vancouver, WA 98662 Authorized Authorized Person Person Other____ Other_ Other____ Other_ Name: _____ Name: Manager ■ Manager Address: Member Address: ☐ Member Authorized Authorized Person Person Other_ Other_ Other____ Other_ Manager Name: Manager Name: Address: _____ Address: ______ Member Member 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 withird degree felony as provided for in s.817:155, F.S. William Cody Erwin

Typed or printed some of signer



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

ERWIN CONSTRUCTION, 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 05/05/1988.

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: 08/07/2019

UBI Number: 601 084 868



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

Kim Wyman, Secretary of State

un Ulgna

Date Issued: 08/07/2019