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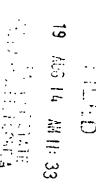
(Requestor's Name)
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### Incorporating Services, Ltd.

1540 Glènway 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** 8/14/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 761919

**ORDER ENTITY** 

JERRY ERWIN ASSOCIATES, LLC

## PLEASE PERFORM THE FOLLOWING SERVICES:

JERRY ERWIN ASSOCIATES, LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized (THIS IS THE SECOND PART OF THE FILING, THE FIRST BEING THE WITHDRAWAL OF JERRY

ERIN ASSOCIATES, INC. which has its own cover sheet)

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.

# 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: Jerry Erwin Associates, 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.") 91-1329083 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 5101 NE 82nd Ave. Suite 200 5101 NE 82nd Ave. Suite 200 5. (Street Address of Principal Office) Vancouver, WA 98662 Vancouver, WA 98662 ø 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address:

#### Registered agent's acceptance:

Plantation,

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.

, Florida

NRAI Services, Inc.

By: Deborah Brows - 1888 & Scrattury

(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity	<u>/:</u>	Name and Address:
Manager	Name:	Manager Manager	Name:	
<b>■</b> Mcmber	Address: 5101 NE 82nd Ave. Suite 200	☐ Member		
Authorized		☐ Authorized		
Person	Vancouver, WA 98662	Person		
Other	Other	Other		Other
Manager	Name:	Manager	Name:	<u></u>
Member	Address:	Member	Address:	5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
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Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		☐ Authorized		
Person		Person	<del></del>	
Other	Other	Other	<del></del>	Other
9. Attached is a cert	ise an attachment to report more than six (6). T may be added to the index when filing your Florificate 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 605.0203	orida Department of State duly authenticated by the is in a foreign language  (1) (b), Plorida Statute:	te Annual Repo e official havin e, a translation s. I am aware ti	ort form.  ng custody of records in the of the certificate under oath that any false information
10. This document is submitted in a docu	ment to the Department of Indiconstitutes a th	of an authorized person	vided for in 9.8	

Typed or printed name of signee



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

#### JERRY ERWIN ASSOCIATES, 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 02/12/1986.

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: 601 116 329



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

Kim Wyman, Secretary of State

Date Issued: 08/07/2019