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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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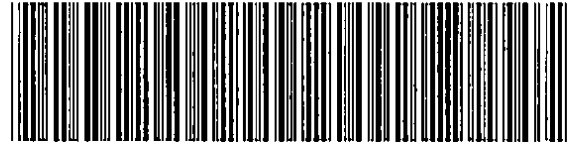
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 26 2019

2019 SEP 23 PM 4:21

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SEP 25 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2019

WILLIAM GALLIVAN
1511 3RD AVE, STE 910
SEATTLE, WA 98101

SUBJECT: GALLIVAN GALLIVAN & OMELIA LLC
Ref. Number: W19000080197

We have received your document for GALLIVAN GALLIVAN & OMELIA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE ASSIGN EACH AUTHORIZED MEMBER A TITLE,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00018032

RECEIVED
SEP 23 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GALLIVAN GALLIVAN & O'MELIA LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM GALLIVAN

Name of Person

GALLIVAN GALLIVAN & O'MELIA LLC

Firm/Company

1511 3RD AVE, STE 910

Address

SEATTLE, WA 98101

City/State and Zip Code

ACCOUNTING@GGOLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISSY SCANNELL

Name of Contact Person

206

at ()

Area Code

276-2045

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$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:

1. GALLIVAN GALLIVAN & O'MELIA 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.")

2. WASHINGTON STATE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 01-0725561
(FEL number, if applicable)

4. 07/01/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1511 3RD AVE, STE 910
(Street Address of Principal Office)

6. 1511 3RD AVE, STE 910
(Mailing Address)

SEATTLE, WA 98101

SEATTLE, WA 98101

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BILL GALLIVAN

Office Address: 85 OYSTER CATCHER CT

FERNANDINA BEACH 32034
(City) Florida (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.


(Registered agent's signature)

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FILED

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:
☐ Manager Name: WILLIAM GALLIVAN
☒ Member Address: 1511 3RD AVE
☐ Authorized CEO STE 910
Person SEATTLE, WA 98101
☐ Other ☐ Other

☐ Manager Name: BARRY O'MELIA
☒ Member Address: 1511 3RD AVE
☐ Authorized passive STE 910
Person SEATTLE, WA 98101
☒ Other passive member ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Title or Capacity: Name and Address:
☐ Manager Name: DANIEL GALLIVAN
☒ Member Address: 1511 3RD AVE
☐ Authorized CTO STE 910
Person SEATTLE, WA 98101
☐ Other ☐ Other

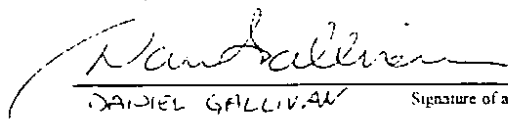
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



DANIEL GALLIVAN Signature of an authorized person

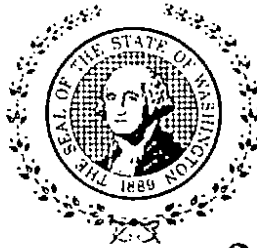
WILLIAM GALLIVAN

Typed or printed name of signee

UNITED STATES OF AMERICA

The State of Washington

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

GALLIVAN GALLIVAN & O'MELIA 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 04/25/2002.

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: 07/30/2019

UBI Number: 602 201 089



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

Kim Wyman, Secretary of State

Date Issued: 07/30/2019