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Special Instructions to	Filing Officer:			
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Office Use Only



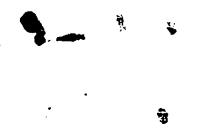
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Y SCOTT SEP 3 0 2019







September 5, 2019

EVAN MOE 821 2ND AVE. SUITE:1900 SEATTLE, WA 98104

SUBJECT: SLALOM, LLC Ref. Number: W19000081215

We have received your document for SLALOM, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott Document Specialist II

Letter Number: 319A00018315

1) Pls. see attached. thanks.

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	,				
	Slalom, LLC of Cold	orado				
SUBJI	ECT:	Name of l	.imited Liability (Company		
				ation to Transact Business in Flori ted liability company to transact b		
Please	return all correspondence co	oncerning this matter to the	following:	TAL	2019	
	Evan Moe			CRET LAHA	2019 SEP	
	Slalom, LLC	N:	une of Person	SSEE.	23	FILED
			rm/Company	FLORIDA	3:13	
	821 2nd Ave, S	Suite 1900 		D		
			Address			
	Seattle, WA 98	104				
	<u> </u>	City/St	ate and Zip Code			
	tax@slalom.com	•				
		E-mail address: (to be used	for future annual	report notification)		
For fur	ther information concerning	this matter, please call:				
	Evan Moe		206 at (438-5700		
	Name of	Contact Person	Area Code	Daytime Telephone Number	er	
	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 Please make check payable \$125.00 Filing Fee	e following amount: e to: FLORIDA DEPART S130.00 Filing Fee & Certificate of Sta	\$155.00	TF. Filing Fee & S 160.00 Filing Copy of Status & Copy		

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

IN COMPLANCE WITH SECTION 605:0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGON. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

	Limited Liability Company; must include "Limite	ed Liabilit	y Company," "L.L.C.," or "L.I.C.")		 	
Slalom, LLC of Colorad						
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	onda The a	ternate name must include "Limited Liabil	it Company,	_	or "E.l.C.")
. CO 2.		3.	84-1246887	۲٦ الالا	3S E	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	٠.	(FEI number	r, ictipplicable	<u>.</u>	
July 15, 2019				RY OF	3 PH	1 [1]
,	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty) liability)	FLC	ယ္	
360 NW 27th Street		,	821 2nd Ave, Suite 1900	ATE ORIO	မှ သ	
(Street Address of I	rmespal Office)	6.	(Mailing Addres	is)		
Miami, FL 33127			Seattle, WA 98104			
. Name and <u>street addres</u> Name:	of Florida registered agent: (P.O. Box	NOT :				
Office Address:	1201 Hays Street					
	Tallahassee (City)		32301 , Florida			
	(City)		(Zip code)			
esignated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registe	red agent and agree to act in	i this capa	icity. I	further agi
	Sherie Him	iton				
	(Registered agent's		-			

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:	Title or Capacity:	Name and Address:
Manager	Name: Bradford Jackson	Manager	Name: Anthony Rojas
Member	Address: 821 2nd Ave, Suite 1900	☐ Member	Address: 821 2nd Ave, Suite 1900
□Authorized	Seattle, WA 98104	☐ Authorized	Seattle, WA 98104
Person		Person	2019 SE
Other	Other	Other	2019 Semer TALLAHA
■Manager	Name: Michael Heffernan 821 2nd Ave. Suite 1900	■ Manager	Name: Jim Mitchell:
Member	Address: 821 2nd Ave, Suite 1900	Member	Address: 82.tr2nd Aye, Suite 1900
Authorized	Seattle, WA 98104	Authorized	Seattle, WA 98104
Person		Person	
Other	Other	Other	Other
☐Manager☐Member☐Authorized	Name: Slalom Investments, LP Address: 821 2nd Ave, Suite 1900 Seattle, WA 98104	 Manager Member Authorized	Name: Slalom Management, LLC Address: 821 2nd Ave, Suite 1900 Seattle, WA 98104
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. 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.

Ildul		
	Signature of an authorized person	
Michael Heffernan		
	Typed or printed name of signee	

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

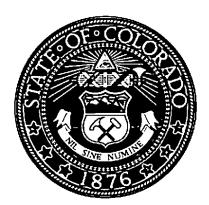
CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Slalom, LLC

18 3			
Limited Liability Company	ZS ZS	20	
formed or registered on 10/12/1993—under the law of Colorado, has complied requirements of this office, and is in good standing with this office. This entity has be	wiff &‱	all G pp	plicable d effitiv
14415.astica mushon 10031113478	٠,٠٠٠	23	
This certificate reflects facts established or disclosed by documents delivered to this off	cecon	paper	through
09/17/2019 that have been posted, and by documents delivered to this office ele-	<u>ct</u> ron	ically	thr <u>oug</u> h
09/20/2019 @ 09:21:16 .	SZ	ယ္	المسا
Fhave affired hereto the Great Seal of the State of Colorado and duly generated, exect	⊒թյ:	an á rks	ued this

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/20/2019 @ 09:21:16 in accordance with applicable law. This certificate is assigned Confirmation Number 11811162



Secretary of State of the State of Colorado

Notice, A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.xov state.co.us/ click "Businesses, trademarks, trude names" and select "Frequently Asked Questions."