Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002986063)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

Foreign Limited Liability Company **Modus Escrow LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

M. SOLOMON

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 LIABILITY COMPANYTO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

Modus Escrow LLC				
(Name of Fareign	Limited Liability Company; must include "Limite	Hilability Company," "U.L.C.," or "LLC.")		
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	nda. The alternate manie mint bulliage "Limited Liabil	hty Company," "L.L.C." or "LLC	
Washington [Dirich chin mater the loss of schied torogo limited bability company is regulared)		83-1960848 3. (FII) medice, d'applicable)		
(Jurisa) china tancer dei liss at sal	het tereign limited liability enthamy is negrouzed)	zekum DF4)	र, मं प्राथमित्राधित।	
	(Date first transacted business in Florida, if prior to (See accious 605 0004 & 603,0005, F.S. to detorns	registration.) ne permity hability)		
1501 4th Ave, Suite 2850 (Since Address of Principal Office)		6. (Mohiny Address)		
(Since: Address of §	твера Ов'сс)	(M.oliny Addre	-1)	
Scattle, WA 98101		Scattle, WA 98101		
			, _:•	
Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	:	
Name:	C T Corporation System		Ì es	
Office Address:	1200 South Pine Island Road		અ. 	
	Plantation	33324 , Florida		
	(City)	(7)p code	.	

Registered agent's acceptance:

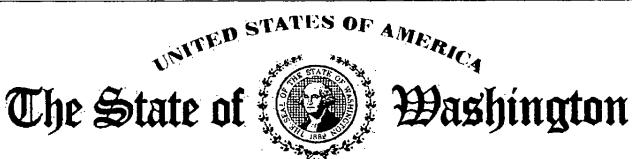
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with und accept the obligations of my position as registered agent.



	Name and Address:	Title or Capacity	<u>a</u>	Name and Address:
Manager	Name: Modus Technologies, Inc.	Manager	Name:	······································
Member	Address: 1501 4th Ave, Suite 2850	Member	Address:	
Authorized	Seaule, WA 98101	Authorized		· · · · · · · · · · · · · · · · · · ·
Person	17-18-18-18-18-18-18-18-18-18-18-18-18-18-	Person		
Other	Other	[]Other		Other
√Manager	Jai Sim	Manager	Name:	
Member	Address: 1501 4th Ave, Suite 2850	Member		
Authorized	Seattle, WA 98101	Authorized		2
Person	<u> </u>	Person		
Other	Other	Other		Other 1.
			v -	
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	, -
Authorized		Authorized		
Person		Person		
Oiher	Other	Other		Other

Typed or printed name of signer

Jai Sim, Manager



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

MODUS ESCROW 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 08/23/2018.

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.

> 10/07/2019 Issued Date: 604 308 735 UBI Number:



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

Kim Wyman, Secretary of State

Date Issued: 10:07/2019

