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.

(((H190002986153)))



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.

Foreign Limited Liability Company **Modus Title LLC**

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

Electronic Filing Menu

Corporate Filing Menu

OCT 09 2613 M. SOLOMON

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

IN COMPLEMEE WITH SECTION 605 0/02 FEORILM STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATEOF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in I forti-	s. The alternate manue must enclude "Limited Leatish"	y Company 7 "L'L' C." or "LLC
Washington		84-2211677 3	
(Birisdotion under the base of se	tecomagn installment statuted tecomic organization	3	il applicable;
	Date liest transacted becauses in Florida, if prior to re (See sceniers 615 090) & 615 0905, F.S. to determine	preti attivet.)	
1501 4th Ave, Suite 2850		1501 4th Ave, Suite 2850	
(Street Address of Principal Office)		6 Mailing Address	1
Seattle, WA 98101		Scaule, WA 98101	
Name and street addre	ss of Florida registered agent; (P.O. Box	NOT acceptable)	
Name:	C T Corporation System		ŭ,
Office Address	1200 South Pine Island Road		. A 1. 14 - **
	Plantation	33324	

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.



Meredith Hellwig, Assistant Secretary

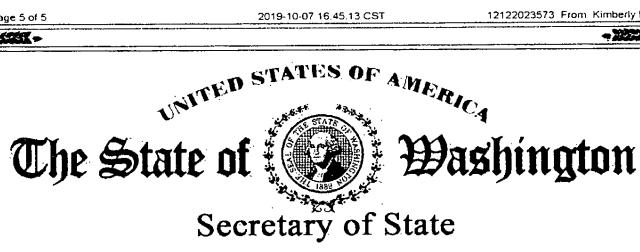
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

litle or Capacity:	Name and Address:	Title or Capacity	Ŀ	Name and Address:
	Name: Modus Technologies, Inc.	Munager	Name:	
Member	Address: 1501 4th Ave. Suite 2850	Member	Address:	
Authorized	Seattle, WA 98103	Authorized		
Person		Person		
Other	Other	Other		Other
ZManager	Jai Sim Name:	Manager	Name:	
Member	Address: 1501 4th Ave, Suite 2850	Member		
Authorized	Seattle, WA 98101	— Authorized		
Person		Person		; 5
Other	Other	Other		Other C
				. :
Manager	Name:	Manager	Nanie:	1
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

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.





I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

MODUS TITLE 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 06/18/2019.

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 penulties 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: 10/07/2019 UBI Number: 604 475 683



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

Kim Wyman, Secretary of State

Date Issued: 10/07/2019