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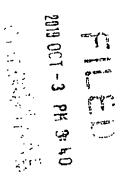
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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D. BRUCE OCT 18 2019

# **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations						
SUBJE	EMERALD HOME I	FURNISHINGS LLC					
Name of Limited Liability Company							
The end Existen	losed "Application by Fore ee, and check are submitted	ign Limited Liability Compan to register the above referenc	y for Authoriza ed foreign limit	ation to Transact Business in Flori ted liability company to transact b	ida," Ce ousiness	rtifica in Fl	ate of orida.
Please r	eturn all correspondence co	ncerning this matter to the fol	lowing:				
	JOYCE A NELS	SON					
		Nam	e of Person				
	EMERALD HOME FURNISHINGS LLC						
	Firm/Company						
3025 PIONEER WAY E							
	Address						
	TACOMA WA	98443					
	City/State and Zip Code					<b>.</b> 3	
	-	RALDHOME.COM		:	ار د از	onia CCT	ا با مقت
		E-mail address: (to be used for	or future annual	report notification)	<u>}</u>		( , , , , , , , , , , , , , , , , , , ,
For furt	her information concerning	this matter, please call:		• •	- (	w	A A Sandare
	JOYCE A NELSON		253 at (	922-1400		PK 33	
	Name of	Contact Person	Area Code		er La <sup>tte</sup>	÷ 0	
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	e following amount: ie to: FLORIDA DEPARTM	ENT OF STA	TE			
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filed Copy S160.00 Filed Status &			

# 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

EMERALD HOME FURNISHINGS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 01-0624167 WASHINGTON (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 3025 PIONEER WAY E 3025 PIONEER WAY E 5. (Street Address of Principal Office) TACOMA WA TACOMA WA 98443 98443 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATION SERVICE COMPANY Name:

Registered agent's acceptance:

Office Address:

1201 HAYS STREET

**TALLAHASSEE** 

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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.

Linda Snook
Assistant VP

(Registered agent's signature)

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: \_\_DAVID BECKMANN Manager Name: Manager Address: \_\_\_\_\_ ☐ Member Address: \_\_\_\_\_\_ ■ Member TACOMA WA 98443 Authorized Authorized Person Person Other\_\_\_\_\_ Other\_\_\_\_ Other Other \_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Manager Manager Manager Member | Address: Member Address: Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Other Name: \_\_\_\_\_ Manager Name: \_\_ Manager Address: \_\_\_\_\_ Member | Address: \_\_\_ Member Authorized Authorized 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. Nonindexed 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

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.

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of the translator must be submitted)



Secretary of State

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

## CERTIFICATE OF EXISTENCE

**OF** 

### EMERALD HOME FURNISHINGS, 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 03/12/2002.

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: 09/23/2019

UBI Number: 602 188 678

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

Kim Wyman, Secretary of State

Date Issued: 09/23/2019