M19000010257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

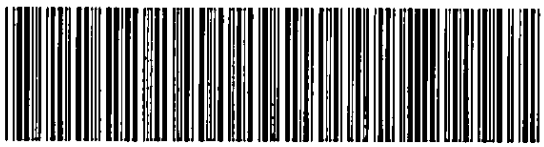
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OCT 24 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GF SE 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:

Rebecca Austad
Name of Person

GF SE LLC
Firm/Company

27501 SW 95th Ave Suite 950
Address

Wilsonville, OR 97070
City/State and Zip Code

accounting@goodfeetnw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Robinson at (971) 339-2411
Name of Contact Person — Area Code — Daytime Telephone Number

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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. GFSE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GFSE 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. Oregon
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-0547592
(FEI number, if applicable)

4. 12/01/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 27501 SW 95th Ave Suite 950
(Street Address of Principal Office)
Wilsonville, OR 97070

6. 27501 SW 95th Ave Suite 950
(Mailing Address)
Wilsonville, OR 97070

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

Name: Rebecca Austad

Office Address: 4950 Fruitville Rd.

Sarasota (City), Florida 33618 (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.

X _____
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐ Manager	Name: MRQD Inc.	☐ Manager	Name: Dan Austad
■ Member	Address: 27501 SW 95th Ave Suite 950	■ Member	Address: 27501 SW 95th Ave Suite 950
☐ Authorized	Wilsonville, OR 97070	☐ Authorized	Wilsonville, OR 97070
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: Rebecca Austad	☐ Manager	Name: Dean Austad
■ Member	Address: 27501 SW 95th Ave Suite 950	■ Member	Address: 27501 SW 95th Ave Suite 950
☐ Authorized	Wilsonville, OR 97070	☐ Authorized	Wilsonville, OR 97070
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: Micheal Austad	☐ Manager	Name:
■ Member	Address: 27501 SW 95th Ave Suite 950	☐ Member	Address:
☐ Authorized	Wilsonville, OR 97070	☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other

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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.

X _____

Signature of an authorized person

Rebecca Austad

Typed or printed name of signee

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 126Z289W8

I, BEV CLARNO, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify.

G.F. SE LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

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In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Bev Clarno

BEV CLARNO, SECRETARY OF STATE

10/10/2019

Request for Certificate

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

Copy Request Fax: 503-378-6520

Print Form

Requests are processed in the order they are received and within three business days.

Reset Form

REQUESTER INFORMATION:

Name of Requester:

GF SE LLC

Mailing Address: (Street Address or PO Box) (City, State) (Zip Code)

27501 SW 95th Ave Suite 950 Wilsonville, OR 97070

Area Code and Phone Number:

503-431-2420

ENTITY NAME/REGISTRY NUMBER: Information is located at http://sos.oregon.gov/bizsearch

Entity Name: GF SE LLC Registry Number: 1439351-95

CERTIFICATE ATTESTING TO:

☒ STATUS/EXISTENCE - $10 ☐ MERGER - $10 ☐ NAME CHANGE - $10 ☐ NO RECORD - $10

For more information about the certificates that we provide, visit http://sos.oregon.gov/business/Pages/business-registry-certificates.aspx

☐ **If document is going out of the Country:** (Additional $10 for Authentication) What Country?

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DELIVERY: Choose Delivery Option(s) *(Please note: There is a separate charge per delivery.)*

☐ Pick up in person. ☐ Mail to above address.

☒ Fax: (**USA Only** - Area Code & Fax Number) 503-431-2430

For all overnight/express service delivery, a prepaid airbill must be provided.

METHOD OF PAYMENT:

○ Check/Money order is included. (Make payable to Corporation Division.)

○ MasterCard ○ VISA ○ Discover

CREDIT CARD NUMBER: | | | | | | | | | | | | | | | | |

◉ American Express

CREDIT CARD NUMBER: | 3 | 7 | 2 | [illegible] | [illegible] | 5 | [illegible] | 0 | 8 | 5 | 4 | 2 | 0 | 0 | 2 |

Expiration Date: 04/20

Cardholder Name: REBECCA AUSTAD

Billing Address: 27501 SW 95TH AVE SUITE 950

City, State, Zip Code: WILSONVILLE, OR 97070

Phone Number: 503-431-2420