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(Requestor's Name)				
(Address)				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/3	0/2019		
	el Ogbonna-Amu		
Reference #:	1138688		
Entity Name:	FORTE WAREHOUS	SE LOGISTICS LLC	
_	ncorporation/Authorization to	Transact Business	
☐ Amendmen☐ Change of A			
Reinstatem	ent		
Conversion			
		2615	
☐ Dissolution/	Withdrawal	(3) (3)	
☐ Fictitious Na	ame		:
Other			
Authorized Amoun	t: \$125.00 M · <i>K</i> - 3		
Signature:	11 1 - V	<u></u>	

COVER LETTER

TO:	Registration Section Division of Corporations	
enn n	FORTE WAREHOUSE LOGISTICS LLC	
SUBJI	Name of Limited Liability Company	
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," ace, and check are submitted to register the above referenced foreign limited liability company to transact busin	
Please	return all correspondence concerning this matter to the following:	
	Bruce G. Buchanan	
	Name of Person	
	Forte Warehouse Logistics LLC	
	Firm/Company	
	301 - 54TH AVE EAST, SUITE 200	
	Address	
	FIFE, WA, 98424 City/State and Zip Code	
	melissa@fortetlc.com	
	E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
	Melissa Buchanan at (253 926-5456	26
	Name of Contact Person Area Code Daytime Telephone Number	7619 CCT
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\infty\$ \$125.00 Filing Fee \$\infty\$ \$130.00 Filing Fee & \$\infty\$ \$155.00 Filing Fee & \$\infty\$ \$160.00 Filing Certificate of Status \$\infty\$ Certified Copy of Status & Certified Copy	CO Fee, Certificate

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

	SINESS INTHE STATE OF FLORIDA: FORTE WAREHOUS				
(Name of Foreign	Limited Liability Company, must include "Limited	d Liability (Company," "L.L.C.," or "LLC.")		
ame unavailable, enter alternate n	nine adopted for the purpose of transacting business in Flor	rida. The elte	mate name must include "Limited Liability Company," "L L	.C," or "LLC	. ")
Washington (Jurisdiction under the law of which foreign hinsted hability company is organized)		3	455517612		
(Jurisdiction under the law of w	nch foreign hinsted liability company is organized)		(FEI number, if applicable)		
	9-23-19				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	ne penalty lia			
301 - 54T	H AVE EAST	6	301 - 54TH AVE EA	ST	
	ΓΕ 200		SUITE 200		
		-	0011L 200		
FIFE, V	VA, 98424	_	FIFE, WA, 98424		
Name and street addres	ss of Florida registered agent: (P.O. Box	: NOT ac	cceptable)		
Traine and <u>street and e</u>	<u></u>		,		
Name:	COGENCY GLOBA	AL IN	IC.	2019	
				(;	
Office Address:	115 North Calhoun St	<u>. Suit</u>	<u>e 4</u>	(3	
	Tallahassee		Florida <u>32301</u> (Zip code)		,
	(City)		(Zip code)	. <u>5</u> 5	
	otance:		or the above stated limited liability comp	£-	e nla:

Vikki Saeteurn, Assistant Secretary of COGENCY GLOBAL INC.

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: Bruce G. Buchanan **⊠**Manager Name: __ Manager 301 54th Ave E, Ste 200 Address: Member Member Address: Fife, WA 98424 Authorized Authorized Person Person Other_ Other____ Other_ Other_____ Manager ... Manager Member Member Address: Authorized Authorized Person Person Other____ Other____ Other Other Name: _____ ■ Manager Manager Member Member Address: 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 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. Bruce G. Buchanan

Typed or printed name of signee



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

FORTE WAREHOUSE LOGISTICS, 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 06/14/2012.

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: 10/30/2019 UBI Number: 603 215 235

STATEON

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

Kim Wyman, Secretary of State

tin Ulyna

Date Issued: 10/30/2019