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COVER LETTER

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TO: Registration Section Division of Corporations

Galaxy Studio 4 Name of Limited Liability Company LLC SUBJECT:

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:



For further information concerning this matter, please call:

Bradley Snyder at	(703) 728-5075	
Name of Contact Person	Area Code Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations Division of Corporations		
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME		
S125.00 Filing Fee \$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee &\$160.00 Filing Fee, CertificateCertified Copyof 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:



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

J Bradley Snyder Name: Office Address: 4035 N Meridian Ave Apt PH 1 Miami Beach .Florida 33/40 (City) (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.

(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: J Bradley Snyder	🗌 Manager	Name: Matthew Shaffer
Member	Address: 4035 N Meridian Ave	Member 🗹	Address: 1920 109th Ave NE
Authorized	Apt PH1	Authorized	Bellevue, WA 98004
Person	Miani Beach, FL 33140	Person	
Other	Other	Other	
		1	OV 19
Manager	Name:	🗌 Manager	
Member	Address:	Member	Address: RDE 36
Authorized		Authorized	ADA 36
Person		Person	·
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:		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. 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.

Signature of an authorized person Bradley Snuder ed or printed name of



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 06/09/2017.

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: 10/28/2019 UBI Number: 604 132 493



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

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Kim Wyman, Secretary of State

Date Issued: 10/28/2019