M2000000476

(Req	uestor's Name)	
(Addı	ress)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certined Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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2020 JAN 10 AK 10: 28

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JAN 13 2020 M. SOLOMON CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
___Phone:--850-558-1500 _______

ACCOUNT NO. : I2000000195

REFERENCE : 129421 7648220

AUTHORIZATION

COST LIMIT : STOKE GOOL

ORDER DATE: January 10, 2020

ORDER TIME : 2:58 PM

ORDER NO. : 129421-005

CUSTOMER NO: 7648220

FOREIGN FILINGS

NAME: F50 EQUIPMENT LEASING LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER:

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

IN COMPILANCE 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. F50 EQUIPMENT LE	EASING LLC Limited Liability Company; must include "Limited	Liability	Company, "L.L.C.," or "LLC.")			٠
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The	ulternate name must include "Limited Liability	Company," "L.L.C	," or "LL	.C.")
Washington 2.		2				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if ag	pplicable)		
12/23/2019 4.						
4	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration ne penalty) iability)			
617 Eastlake Ave E,	Suite 340,	6.	617 Eastlake Ave E, Suite 340	Э.		
(Street Address of Principal Office)			(Mailing Address)			
Seattle, WA 98109		_	Seattle, WA 98109			
			-	: -	202	
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	;; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	2020 JAN 10 K	: 1
Name:	Corporation Service Company			기. 당당	:01	-
Office Address:	1201 Hays Street				28	
	Tallahassee		32301 , Florida			
	(City)		(Zip code)			
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	registe	red agent and agree to act in this	s capacity. I	furthe	r agree
			Lydia (Ohen		
	(Registered agent's si	ignature)		rresident		

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: Bruce Blume	□Manager	Name: The Blurne Corporation	
□Member	Address:	≅Member	Address:	
□Authorized	617 Eastlake Ave E, Suite 340,	□Authorized	617 Eastlake Ave E, Suite 340, Seattle, WA 98109	
Person	Seattle, WA 98109	Person		
Other	Other	Other	Other	
			2620	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other	Other	
□Мапаger	Name:	□Manager	Name:	
□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.

Signature of an authorized person Bruce Blume Typed or printed name of signer



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

F50 EQUIPMENT LEASING 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 07/05/2019.

1 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: 01/10/2020

UBI Number: 604 472 499

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

Kim Wyman, Secretary of State

ten Ulyna

Date Issued: 01/10/2020

