

N 20009901304

(Requestor's Name)

(Address)

(Address)

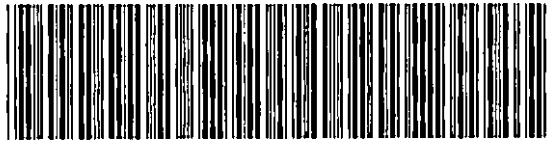
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



400337838674

12/20/19--01025--019 \*\*87.50

01/31/20--01004--002 \*\*42.50

Special Instructions to Filing Officer:  
*Wrong Form*  
wa00000003141

Office Use Only

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2020 JAN 30 PM 2:39  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2020

MARYANN SNYDER  
2732 GRAND AVE.  
STE:122  
EVERETT, WA 98204

SUBJECT: 2129 ANDREA LANE LLC  
Ref. Number: W20000003441

We have received your document for 2129 ANDREA LANE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 420A00001178

January 27, 2020.

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

I am enclosing the proper documentation for 2129 Andrea Lane LLC as outlines in the attached letter. You have retained the previous check for \$87.50. I included the remaining \$42.50 to bring this to the listed amount on the application of \$130.00. I appreciate the help in filling the forms out properly. Please let me know if there are any further questions or requests.

Best,



Mary Ann Snyder  
2129 Andrea Lane, LLC  
425 219 8395

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2129 Andrea Lane, 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:

MaryAnn Snyder Name of Person  
2129 Andrea Lane, LLC Firm/Company  
2132 Grand Ave Ste 122 Address  
Everett, WA 98201 City/State and Zip Code  
maryann@eliterevend.com E-mail address: (to be used for future annual report notification)

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

MaryAnn Snyder at ( 425 ) 219-8395  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. 2129 Andrea Lane, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4007367  
(FEI number, if applicable)

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

5. 2129 Andrea Lane  
(Street Address of Principal Office)

6. 2752 Grand Ave  
(Mailing Address)

Ft. Myers, FL 33912

STE 122

Everett, WA 98201

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

Name: Michael Cloutier

Office Address: 2180 Andrea Lane

Ft. Myers, Florida 33912  
(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)

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SECRETARY OF STATE

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:**  Manager  
**Name and Address:** Name: Ryan Wear  
 Address: 2732 Grand Ave  
Ste 122  
Everett, WA 98201

**Title or Capacity:**  Manager  
**Name and Address:** Name: MaryAnn Snyder  
 Address: \_\_\_\_\_  
 Authorized 2732 Grand Ave Ste 122  
 Person Everett, WA 98201

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE

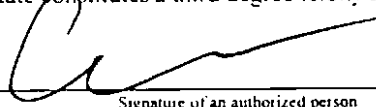
Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 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

Ryan Wear  
 \_\_\_\_\_  
 Typed or printed name of signee

STATE OF WYOMING  
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**2129 Andrea Lane LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 4, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000883876**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of January, 2020 at 12:34 PM. This certificate is assigned 034492738.



*Edward A. Buchanan*  
Secretary of State