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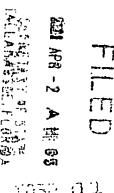
(Requestor's Name)	_						
(Address)	_						
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(City/State/Zip/Phone #)	_						
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status	-						
Special Instructions to Filing Officer:							

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3		COVER LETTER	•				
TO: Registration Division of O	Section		••				
Division of C	Corporations		••				
Backdra	ift OpCo, LLC						
SUBJECT:		ame of Limited Liability	Company				
	1	ame of Emmed Liability	Company				
			zation to Transact Business in Florida," Certificate nited liability company to transact business in Flor				
Please return all corre	spondence concerning this matt	er to the following:					
Jefl	frey A. Brennan						
		Name of Person					
Jefi	frey A. Brennan, PLLC						
_		Firm/Company					
310	00 145th PL SE						
_		Address					
Mil	II Creek, WA 98012						
		City/State and Zip Cod	e				
jeff_l	brennan@sbcglobal.net						
-	E-mail address: (t	o be used for future annu	al report notification)				
Can Carbania Camania	on concerning this matter, please		•				
ror turther informatio	m concerning this matter, piease	e can:					
Jeff Brennan		425	381-5050				
	Name of Contact Person	at (at (e Daytime Telephone Number				
Mailing Add	<u>lress:</u>	Street Address	<u> </u>				
Registratio		Registration Section					
	f Corporations	Division of Corporations					
P.O. Box 6			The Centre of Tallahassee				
Tallahasse	e, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
			—— · · ·				

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

IN COMPILANCE WITH SECTION 608.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Backdraft OpCo, LLC	Limited Liability Company; must include "Limite	3 (!- k .!)	- C	11 (A T Z (m)				
(Name of Foreign	Lamited Liability Company; must include "Lamite	2 LIEDEUS	/ Company," "Lil.C.	," or "LLC."}				
(If status tenaviolable, enter alternate t	name adopted for the purpose of transacting business in Fl	orida 'The	alternate name must inc	lude "Limited Lini	bility Company	" "L.L.C,"	or "LLC.")	
Washington 2. (Jurisdiction under the law of which foreign limited Exhibity company is organized)		71-0930426 3. (FEI number, if applicable)						
Date of this filing.	nich foreign firmten i zonitty company is organizony .			(r ni nami	а, и аррівжоте ј			
T	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ne penalty	i.) liability)					
2200 Rimland Dr. 5. (Street Address of Principal Office)		6.	2200 Rimland L				_	
Suite 305			Suite 305					
Bellingham, WA 98226 Bo			Bellingham, WA	lingham, WA 98226				
7. Name and street addres	ss of Plorida registered agent: (P.O. Box	<u>TOM</u>	ecceptable)					
Name;	InCorp Services, Inc.) <u></u>) <u>P.</u> Lo			
Office Address:	17888 67th Court North					448	77	
	Loxahatchee		, Plorida	33470	Gra-	-2		
	(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.

Vincent Rojo on behalf of InCorp Services, 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: Name: ____ David Nokes **■**Manager □Manager Name: Address: _ 2200 Rimland Dr. □ Member □Member Address: Suite 305 Authorized □ Authorized Bellingham, WA 98226 Person Person □Other____ □Other □Other_____ \square Other_ □Manager Name: □Manager Name: _____ □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other Other____ □Other □Other_____ Name: _____ Manager □Manager Name: _____ □Member Address: _____ □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.

Jeffrey A. Brennan

Typed or printed name of signee

* ALEBRA



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

BACKDRAFT OPCO, 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 01/10/2003.

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: 02/26/2020

UBI Number: 602 265 795

STATE OF ALL STATE

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

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued | 02/26/2020