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TO:	Registration Section
	Division of Corporations

Victory Independent Planning, LLC

SUBJECT:

	Name of Limited Liability Company	-
	Liability Company for Authorization to Transact Business in Florida, he above referenced foreign limited liability company to transact business.	
Please return all correspondence concerning thi	s matter to the following:	
Dixie Huey		
	Name of Person	-
Victory Independent Planning	g, LLC	
 	Firm/Company	~
1576 Jamaica Ct		
.	Address	-
Marco Island, Fl. 34145		
	City/State and Zip Code	-
dixie@victoryindependentplan	ning.com	202
E-mail addr	ess: (to be used for future annual report notification)	_ (<u>=</u>
For further information concerning this matter,	please call:	2020 JIFF 12
Dixie Huey	415 283-7830	
Name of Contact Per	son Area Code Daytime Telephone Number	A:110: 13
Mailing Address:	Street Address:	$\overline{\omega}$
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
Tarranassee, TE 32314	Tallahassee, FL 32303	

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:

	manie adopted to the purpose of managering outsiness in the	orida. The alternate name must include "Limited Liability C	ompany, L.I.C. or	LLC.
Washington State		81-4656483		
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3. (FEI number, if app	olicable)	-
N/A				
	(Date first transported business in Electeds (Carine to			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	ne penalty liability)		
1576 Jamaica Ct		2005 SE 192nd Ave, Ste 200		
et Address of Principal Office)		6. (Mailing Address)		-
Marco Island, FL 3414	45	Camas, WA 98607		
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	 		D20 ,H = 1.2	-
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	12	-
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	12	-
	ss of Florida registered agent: (P.O. Box Dixie Huey	NOT acceptable)	12	-
Name and street addre		NOT acceptable)		-
Name:		NOT acceptable)	12 4:10:1	-
	Dixie Huey	NOT acceptable)	12 4:10:1	
Name:	Dixie Huey	NOT acceptable) 34145 , Florida	12 4:10:1	-

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Patrick Huev Dixie Huey ■ Manager Name: □Manager Name: 1576 Jamaica Ct 1576 Jamaica Ct □Member Address: _____ □Member Address: Marco Island, FL 34145 Marco Island, FL 34145 □ Authorized **■** Authorized Person Person □Other_____ □Other_____ ☐ Other _____ ___ □Other____ □Manager Name: □Manager Name: Address: □Member □Member Address: ______ ☐ Authorized ☐ Authorized Person Person □Other _____ □Other_____ Other____ □Other_ <u>←</u> □Manager □Manager Address: _____ Address: _____ Member □Member ☐ 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. Signature of an authorized person

Typed or printed name of signee

Dixie Huey

UNITED STATES OF AMERICA The State of Washington

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

VICTORY INDEPENDENT PLANNING, LLC

1 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 12/05/2016.

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:

06/09/2020

UB1 Number: 604 064 959



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

Kim Wyman, Secretary of State

tin Ufma

Date Issued: 06/09/2020