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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	· #)
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COVER LETTER

TO ₂	Registration Section Division of Corporations	

SUBJECT:

Force 10 Hoops, LLC (dba Seattle Storm)

e return a	all correspondence concerning this matter to	o the following:	
	Tricia McLean		
		Name of Person	
	Force 10 Hoops, LLC		
	Firm/Company		
	3411 Thorndyke Ave West		
		Address	
	Seattle, WA 98119		
	C	ity/State and Zip Code	
	tmclean@stormbasketball.com		
	E-mail address: (to be	used for future annual report notification)	
ether in 0	ormation concerning this matter, please cal		
artifer frie	ormation concerning this matter, please car		
Tricia	a McLean	206 310-0414 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
<u>Maili</u>	ing Address:	Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
PΩ	O. Box 6327 The Centre of Tallahassee		
	lahassee, 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 COMPLIANCE WITH SECTION 605,0902, FLORIDA SEATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SEATE OF FLORIDA:

1. Force 10 Hoops, LLC	Limited Liability Company, must include "Limite		<u> </u>	 	
F10H, LLC					
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The alternate name	must include "Limited I	Liability Company," "L.L.C	." or "1,1,C.")
Washington 2		06-1694 3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FE) num	ther, (l'applicable)	
7/6/2020					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) ine penalty liability)			
3411 Thorndyke Ave		3411 Tho	orndyke Ave We		
(Street Address of Principal Office)		(Mailin	g Address)		
Seattle, WA 98119		Seattle W	/A 98119		
				\$h.	
7. Name and street address	is of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	C T Corporation System				****
Office Address:	1200 South Pine Island Road			an an	
	Plantation		33324 orida	<u>-</u>	
	(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.

Nichol McCroy, Assistant Secretary
(Regented 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	Alisha Valavanis	□Manager	Name:
□Member	Address: 3411 Thorndyke Ave W	□Member	Address: 3411 Thorndyke Ave W
□Authorized	Seattle WA 98119	■Authorized	Seattle WA 98119
Person	President & GM	Person	CFO
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
■Member	Address: 3411 Thorndyke Ave W	□Member	Address:
□Authorized	Seattle WA 98119	□Authorized	
Person	Parent Company	Person	
□Other	Other	□Other	□Other
		5	
□Manager	Name:	□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. 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.

Tricia McLean	Deptish sepred by Encis Mickelin DN creatings Mickelin on Seattle Month ou immeliating/einheistormbashintbalkgem cs/ES Carr 2020 06 25 08 49 36 -0707
Si	gnature of an authorized person
Tricia McLean	
Γ	yped or printed name of signee



• 222-333



Secretary of State

I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

FORCE 10 HOOPS 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 04/23/2003.

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: 06/25/2020 UBI Number: 602 290 082



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

Kim Wyman, Secretary of State

un Ulgna

Date Issued: 06 25 2020