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хх	FILING	LLC			
1.	TOTE, LLC (CORPORATE NAME AND DOC)	JMENT#)			_
2.	(CORPORATE NAME AND DOCU	JMENT #)			
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SPECIAI INSTRU					

COVER LETTER

TOTE, LLC JECT:		
	ne of Limited Liability Company	-
enclosed "Application by Foreign Limited Liability tence, and check are submitted to register the above	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	." Certifi iness in
se return all correspondence concerning this matter	to the following:	
Todd L. Cooley		
	Name of Person	-
Saltchuk Resources, Inc.		
	Firm/Company	_
450 Alaskan Way S, Suite 708		
	Address	_
Seattle, WA 98104		
	City/State and Zip Code	-
todd@satlchuk.com		
E-mail address: (to b	e used for future annual report notification)	7070
urther information concerning this matter, please ca	II:	ر ت ي
Todd L. Cooley	206 652-1174 at ()	1
Name of Contact Person	Area Code Daytime Telephone Number	00:01
Mailing Address:	Street Address:	Ö
Registration Section	Registration Section	30
Division of Corporations	Division of Corporations	اسم نا
P.O. Box 6327		
Tallahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a cheek for the following amount: Please make cheek payable to: FLORIDA DEF \$\Boxed{\subset}\$ \$125.00 Filing Fee \$\Boxed{\subset}\$ \$Certificate of the continuous c	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee.	
	•	

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

IN COMPLIANCE WITH SE COMPANY TO IR INSACT I	CHON (05,0902, FLORIDA STATUTES THE FC 8 SINESS IN THE STATE OF FLORIDA	OLLOWING IS SUBMITTED TO REGISTER A FORE	KGN TAMITFA) TAARIIJIY
TOTE, LLC			
(Name of Foreig	n Landed Liability Company, must include "Limited	Unability Company, "T. L.C.," or "LLC.")	
TOTE, LLC for purpose	s of doing business in Florida		
(If name unavailable, enter alternati	name adopted for the purpose of transacting business in Flo	ords. The alternate name must include "Limited Liability Compar	nv." "L. L. C." or "L.L.C.")
Washington		3	
the isdiction under the law or	which tereign hinned liability company is organized)	(FEI number, it applicable	c)
4	(D) to first transacted business in Charles (Corner to re	un terinin 1	
	(Date first transacted business in Florida, if grow to re (See Sections 603 (1993), § 603-0903, f. S. to determin	e pensity liability)	
10701 Deerwood Pari		10401 Deerwood Park Blvd.	
(Street Address of Principal Office)		6. (Mailing Address)	
Building 1, Suite 1300	1	Building 1. Suite 1300	
Jacksonville, FL 3225	6	Jacksonville, FL 32256	
7. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	202
Name:	Registered Agent Solutions, Inc.		2020 J. L.
Office Address:	155 Office Plaza Dr., Suite A		1 1
	Lallahassee	32301 , Florida	0 :01
	(Caty)	(Zip code)	00
n comply with the provisi	gistered agent and to accept service of pro- tion. I hereby accept the appointment as t	ocess for the above stated limited liability con registered agent and agree to act in this capa and complete performance of my duties, and I Adam Saldana, Asst. Secr	city. I further agree am familiar with
	(Registred agent), sign	natine)	

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: Saltchuk Resources, Inc.	■Manager	Name:
■Member	Address: 450 Alaskan Way S	□Member	Address: 10401 Decrwood Park Blvd.
☐Authorized	Suite 708	■ Authorized	Building 1, Suite 1300
Person	Scattle, WA 98104	Person	Jacksonvill, FL 32256
□Other		■Other President	& CEO
■Manager	Name: Steven E. Giese	■Manager	Name: Mark N. Tabbutt
⊒Member	Address: 450 Alaskan Way S	□Member	Address: 450 Alaskan Way S
■Authorized	Suite 708	■Authorized	Suite 708
Person	Seattle, WA 98104	Person	Scattle, WA 98104
_Other	Other	□Other	☐Other
= \ \	Name: Anne F. Preston		Name: Colleen Rosas G
■Manager □Member	Address: 450 Alaskan Way S	■ Manager □ Member	Address: 450 Alaskan Way &
≡ Authorized	Suite 708	■ Authorized	Suite 708
Person	Seattle, WA 98104	Person	Seattle, WA 98104
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.

DocuSigned by:		
ER5390CB6DD4448	Signature of an authorized person	- ·
Timothy J. Nolan		
	languar printed in time of comics	



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

TOTE, 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 01/28/2002.

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: 07/06/2020 UBI Number: 602 177 152

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

Kim Wyman, Secretary of State

Date Issued; 07/06/2020

