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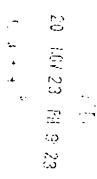
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section Division of Corporations

UBJECT: .	Nam	e of Limited Liability Con	npany			
			on to Transact Business in Florida," Certificate liability company to transact business in Flori			
lease return	all correspondence concerning this matter t	o the following:				
	Bradley V. Timmons					
	Name of Person					
	Timmons Law PC					
		Firm/Company				
	PO Box 2350					
		Address	·			
	The Dalles, OR 97058					
		ity/State and Zip Code				
	brad@timmonslaw.com					
	E-mail address: (to be	used for future annual rep	port notification)			
or further in	formation concerning this matter, please ca	II:				
Brac	lley V. Timmons	541 at ()	296-9900			
	Name of Contact Person	Area Code	Daytime Telephone Number			
	ing Address:	Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Ta				
Tan	ahassee, FL 32314	Tallahassee, FL	Street, Suite 810 32303			
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEF 125.00 Filing Fee S130.00 Filing Fe Certificate	e & 🔲 \$155.00 Filing	Fee & S160.00 Filing Fee, Certificate			



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2020

BRADLEY V TIMMONS P.O. BOX 2350 THE DALLES, OR 97058

SUBJECT: RI OLDSMAR LLC Ref. Number: W20000129761

We have received your document for RI OLDSMAR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 820A00022639

RECEIVED NOV 2 3 2020

Division of Corporations RO ROY 6297 Well-bases Block approximations

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

Oldsmar LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability (Company," "L.L.C.," or "LLC ")		
unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida, The alt	ernate name must include "Limited Liabi	lity Company,"	o ",')ہایا" ^ا
ashington		_			
Jurisdiction under the law of which foreign limited hability company is organized)		3	(FEI number,	per, st applicable)	
1-05-2020					
_	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration.) ne penalty lia	bility)		
500 NE 41st Street, S	Ste 330	7	600 NE 41st Street, Ste 330		
Address of Principal Office)		6	(Mailing Address)	<u> </u>	
ancouver, WA 98662			•		
		Vancouver, WA 98662			
-		_	···		
					•
					ر ،
ame and street address of Florida registered agent: (P.O. Box		NOT ac	ceptable)	•	ت
				•	<u>.</u>
	Registered Agents, Inc.			·	7. 12
Name:			-		IJ
	7901 4th St. N Ste 300				<u> </u>
Office Address:					ڊ:
	St. Petersburg		33702		23
	(City)		, Florida		
	(Chy)		(z.ip code)		

Title or Capacity: Name and Address:		Title or Capaci	Name and Address	
≣Manager	Name: Gary J Rood	□Manager	Name:	···
□Member	Address: 7600 NE 41st Street, Ste 330	□Member	Address: _	
Authorized	Vancouver, WA 98662	□Authorized	_ -	
Person		Person		
Other	Other	Other		□Other
lManager	Name: W. Kevin Kelly	□Manager	Name:	
Member	Address: 7600 NE 41st Street, Ste 330	□Member		·
Authorized	Vancouver, WA 98662	□Authorized		
Person		Person		
Other	lanager	□Other		□Other
Manager	Name: Bradley V. Timmons	□Manager	Name:	
Member	Address: PO Box 2350	□Member		
Authorized	The Dalles, OR 97058	□Authorized		
Person		Person		
Other	□Other	□Other		□Other
portant Notice: U:	se an attachment to report more than six (6). T may be added to the index when filing your Fl	he attachment will be in orida Department of Sta	naged for repor	rting purposes only. Non

- ument 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 Bradley V. Timmons Typed or printed name of signee



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

RI OLDSMAR 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 11/05/2020.

1 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: 11/05/2020

UBI Number: 604 666 790

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

Kim Wyman, Secretary of State

ten Ulyna

Date I-sued 11/05/2020