(Re	questor's Name)				
(Ad-	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
□ piCK:Up	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer					

Office Use Only



300356664183

TALLAGIAL TALLAGIA

2020 DEC 17 AH 9: 27

TEC I G ZOZO K Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 576687 8211020 AUTHORIZATION COST LIMIT ORDER DATE: December 17, 2020 ORDER TIME : 12:11 PM ORDER NO. : 576687-005 CUSTOMER NO: 8211020 FOREIGN FILINGS NAME: FORMIDABLE LABS, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER: \_\_\_\_

CONTACT PERSON: Eyliena Baker -- EXT# 61594

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ianie mavananie, ener aneriale	name adopted for the purpose of transacting business in Flo	orida. The alt	ernate name must include "Limited Liability)	Company," "L.L.C," or
Washington			46-3623311	
(Jurisdiction under the law of w	bich foreign limited liability company is organized)	3	(FEI number, if applicable)	
Upon Filing				
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determi	registration ) ne penalty lia	ability)	•
Suite 320, 146 N Canal St.		Suite 320, 146 N Canal St		
et Address of Principal Office)		6	(Mailing Address)	
Seattle, WA 98103		S	Seattle, WA 98103	
		_	·····	<u>-</u>
	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)	
Name and street address				
Name and street address				
	Corporation Service Company			
Name and <u>street addre:</u> Name:				
	Corporation Service Company 1201 Hays Street			
Name:			  32301 , Florida	10 DEC 17 A.1 9: 2

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.

Corporation Service Company

By: Loursel ? Plum (Registered 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	Name:	■Manager	Name: Ryan Roemer
□Member	Address: Suite 320, 146 N Canal St.	□Member	Address: Suite 320, 146 N Canal St.
□Authorized	Seattle, WA 98103	□Authorized	Seattle, WA 98103
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: Suite 320, 146 N Canal St.	□Member	Address:
■Authorized	Seattle, WA 98103	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
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.

Culturan Bystion
Signature of an authorized person

Autumn Bystrom



# 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

### FORMIDABLE LABS, 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 08/12/2013.

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: 12/17/2020 UBI Number: 603 325 318

STATE OF WASHINGTON 1889 NOT THE LEASE OF THE STATE OF TH

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

Kim Wyman, Secretary of State

un Ulgna

Date Issued: 12/17/2020