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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	QueerDoc, PLLC					
30 Da LO	Name of Limited Liability Company					
The enclo	used "Application by Foreign Limited Lia , and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida, above referenced foreign limited liability company to transact busi	" Certificate of ness in Florida.			
Please ret	urn all correspondence concerning this m	latter to the following:				
	Crystal Beal, MD					
		Name of Person				
	QueerDoc					
	Firm/Company					
	1604 E Cherry St	ı				
	Address					
	Seattle, WA 98122					
	11 1100 TO 110 T	City/State and Zip Code				
	drcrystalbeal@queerdoc.com					
	E-mail address:	(to be used for future annual report notification)				
For furthe	er information concerning this matter, ple	ase call:				
Crystal Beal		541 604-8276	700 000 -7			
	Name of Contact Person	Area Code Daytime Telephone Number	1			
3	Mailing Address:	Street Address:				
	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				
		Tallahassee, FL 32303				
1	Enclosed is a check for the following ame Please make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Filing Fee Certif	A DEPARTMENT OF STATE				

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

IN COMPLIANCE WITH SECTION 005 0902, FLORIDA SELTUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMP. INVITOTRANSACT BUSINESS IN THE SELTE OF FLORIDA.

L. Queer Doc PL			
Name of Foreign Queer Doc PLL	C, LLC	ed Liability Company, 'E.f.C', or 'f.l.C')	
It name mayarlable, enter alternate ii	ame adopted for the purpose of transacting business in .	orida. The alternate mass most include "Unitted Frability	Company," "L.C," or TLC
Washington		3	
(Jurisdiction under the law of w	high foreign finited hability company is organized)	(FEI mamber,)	(applicable)
4.		I I	
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905), U.S. to dete	registration) one penalty halphry)	
1604 E Cherry Street		6. 1604 E Cherry Street	
(Street Address of)	Principal Office)	(Mailing Address)	
Seattle, WA 98122		Seattle, WA 98122	
			~ <u>~</u>
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Ba	x <u>NOT</u> ac c eptable)	
	Registered Agents Inc.		<u>;</u>
Name:			P.
Office Address:	7901 4th St N STE 300		P: 등
	St. Petersburg	33702 , Florida	
	(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.

But Have
(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: Crystal Beal, MD	□Manager	Name:
□Member	Address:	□Метbeт	Address: 220 S. Brandon Street, Ste E
□Authorized	Seattle, WA 98122	Authorized	Seattle, WA 98108
Person		Person	206-992-0555
owner		50.4	
Other	Other	□Other 	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	
			13(1)
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	P:
Person		Person	
□Other	Other	□Other	Other
indexed individuals 9. Attached is a certi	se an attachment to report more than six (6), may be added to the index when filing your ificate of existence, no more than 90 days ole law of which it is organized. (If the certific	Florida Department of State d, duly authenticated by the	Annual Report form. official having custody of records in the

Typed or printed name of signee

Crystal Beal, MD



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

QUEER DOC PLLC

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 01/23/2018.

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:

10/14/2020

UBI Number:

604 217 180

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

Ken Ulyna

Kim Wyman, Secretary of State

Date Issued: 10/14/2020

