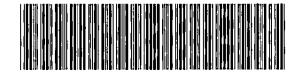
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 613088 4347898

AUTHORIZATION : Tulbelle man

COST LIMIT : \$ 155.00

ORDER DATE: January 12, 2021

ORDER TIME : 9:32 AM

ORDER NO. : 613088-005

CUSTOMER NO: 4347898

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## FOREIGN FILINGS

NAME: COM INVESTMENTS, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	COM Investments, LLC	
0000		Name of Limited Liability Company
		lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning this man	ter to the following:
	Teresa L. Mason	
	· · · · · · · · · · · · · · · · · · ·	Name of Person
	COM Investments, LLC	
		Firm/Company
	2300 Carillon Point	
		Address
	Kirkland, WA 98033	
		City/State and Zip Code
	tmason@cominv.com	
	E-mail address: ()	o be used for future annual report notification)
For furt	her information concerning this matter, please	e call:
	Teresa L. Mason	425 828-8066
	Name of Contact Person	at () Area Code Daytime Telephone Number
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
	Enclosed is a check for the following amount Please make check payable to: FLORIDA I  S125.00 Filing Fee  S130.00 Filing Certifica	DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION (08)002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: COM Investments, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") COMI, LLC off name unavailable, enter alternate name adopted for the purpose of transacting business to Florida. The atternate name must include 13 muted faibility Company, "F.J. C," or "LTC") Washington state (Jurisdiction under the law of which foreign limited liability company is organized) (FFI number, if applicable) No business transacted yet (Date first transacted business in Florida, if pitor to registration F (See section) 605 0904 & 605 0805, F.S. to determine penalty liability) 2300 Carillon Point P.O. Box 2908 6. (Mailing Address) 5. (Street Address of Principal Office) Kirkland, WA 98083-2908 Kirkland, WA 98033 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays St, Tallahassee Office Address: Tallahassee 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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Amit Mehta	□Manager	Name: Teresa Mason
□Member	Address: 2300 Carillon Point	□Member	Address: 2300 Carillon Point
■Authorized	Kirkland WA 98033	■Authorized	Kirkland, WA 98033
Person		Person	
Other	/ice Pr. □Other	■Other Secretary	□Other_
] ] ] ] ] ] ] ]	Name:	□Manager	Name:
∃Member	Address:	□Member	Address:
JAuthorized		□Authorized	
Person		Person	
Other	□Other	□Other	Other
]Manager	Name:	□Manager	Name:
]Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
]Other	□Other	☐Other	□Other

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.

Signature of an authorized person

Teresa L. Mason, Secretary

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

#### COM INVESTMENTS, L.L.C.

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 12/17/1997.

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.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 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: 601 839 096



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

Kan Wyman Secretary of State

Ken Ulgna

Onte Issued, 42, 17, 2020.