

M21000003073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

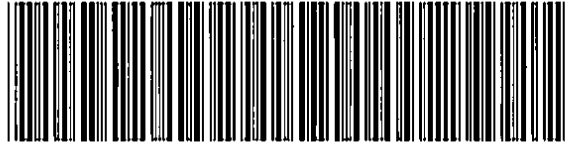
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200361894522

21 MAR 17 PM 12:36

2021 MAR 17 AM 11:40

APPROVED
AND
FILED

MAR 18 2021
K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/17/2021

PRIORITY Regular Approval

OUR REF. # (Order ID#) 899878

ORDER ENTITY
BATES GROUP LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BATES GROUP LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: debbie.brouse@unisearch.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

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

1. Bates Group LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Bates Group Consulting LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Oregon

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-0611652

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5005 SW Meadows Rd., Ste. 300

(Street Address of Principal Office)

6. 888 SW Fifth Ave., Ste. 1600

(Mailing Address)

Lake Oswego, OR 97035

Portland, OR 97204

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Unisearch, Inc.

Office Address:

155 Office Plaza Drive

Tallahassee

(City)

Florida

32301

(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.

Deborah Brown - Asst Secretary

(Registered agent's signature)

2021 MAR 17 AM 11:40

APPROVED
AND
FILED

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:**

☒ Manager Name: Jennifer L. Stout
☒ Member Address: 5005 SW Meadows Rd.
☒ Authorized Suite 300
 Person Lake Oswego, OR 97035
☒ Other CEO ☐ Other _____

☒ Manager Name: DJ Wilson
☐ Member Address: 5005 SW Meadows Rd.
☐ Authorized Suite 300
 Person Lake Oswego, OR 97035
☐ Other _____ ☐ Other _____

☒ Manager Name: William A. Johnstone
☒ Member Address: 5005 SW Meadows Rd.
☐ Authorized Suite 300
 Person Lake Oswego, OR 97035
☐ Other _____ ☐ Other _____

Title or Capacity:**Name and Address:**

☒ Manager Name: Rob J. Lee
☒ Member Address: 5005 SW Meadows Rd.
☐ Authorized Suite 300
 Person Lake Oswego, OR 97035
☐ Other _____ ☐ Other _____

☒ Manager Name: Chris Remy
☒ Member Address: 5005 SW Meadows Rd.
☐ Authorized Suite 300
 Person Lake Oswego, OR 97035
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ 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.

Jennifer L. Stout

Signature of an authorized person

Jennifer L. Stout

Typed or printed name of signer

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 349F399E1

I, *SHEMIA FAGAN, SECRETARY OF STATE*, and Custodian of the Seal of said State, do hereby certify:

BATES GROUP LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*



A handwritten signature in black ink, appearing to read "Shemia Fagan".

SHEMIA FAGAN, SECRETARY OF STATE

3/15/2021