P1140000116/M

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
001 GW	0036	213		

Office Use Only



800360867028

03/01/21--01021--012 **125.00



4/10/21



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2021

ALICIA LEVY 421 W. RIVERSIDE AVE #381 SPOKANE, WA 99201

SUBJECT: SKJT4, LLC

Ref. Number: W21000036213

We have received your document for SKJT4, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott Document Specialist II

Letter Number: 421A00005769

RECFI. (-1)
APR 0 2 2021

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJE	CT: SKJTY WC	f Limited Liability Company
	/ Name o	f Limited Liability Company
		mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.
Please	eturn all correspondence concerning this matter to the	ne following:
	Alici	Name of Person
	The Levy	Law Firm, Phic 3
	421 W. River	Side Aue, #32/
	Spoka	Ne, WA 99201 == == == == == == == == == == == == ==
	E-mail address: (to be us	Q levy - law frm, com sed for future annual report notification)
For fur	her information concerning this matter, please call:	
	Alicia Levy Name of Contact Person	at (509) 432 - 6881 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
	. aa	Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$\sqrt{125.00}\$ S125.00 Filing Fee & Certificate of S	\$\square\$ \square\$ \$155.00 Filing Fee & \square\$ \$160.00 Filing Fee, Certificate

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

COMPANYTOTR (NSICTBU	TICEN AUSOME, FLOREIM STATUTEN THE FOLL SINESS INTHE STATE OF FLOREIM 4 LLC United Dability Company, must include "Limited U			REKON LIMITELD	LLABIIJTY
	none adopted for the purpose of transacting business as Florida				
	and adopted for the purpose of transacting beamine as I level or to foreign boosted behilts company to organized)		chade "Lainted Lashility Com		29.7
4					. Sey
	(Pate first transcend business in Florids, (Eprior to regis (See sections (4)) 0904 & 605 0905, F.S. to determine p				· · ·
5. 5864 315	t the N	n. <u>5864 3</u>	Ave. 1	<u> </u>	
Saint Pete	sburg, Floride	Saint Pe	1 st Ave. 1 etersburg, I	lorda.	1. ω
	33710		33710)	
7 Name and street address	of Florida registered agent: (P.O. Box N	OI acceptable)			
Name:	Kristen Gerza				
Office Address:	5864 31st Ave. N				
	Saint Petersburg	, Florida	337/0 (Zip code)		
designated in this applicat to comply with the provisi	nnce: eistered agent and to accept service of provision, I hereby accept the appointment as reports of all statutes relative to the proper and of my position as registered agent. Italian in the proper is and the proper is an additional properties.	gistered agent and a	gree to act in this co	pacity. I furthe	er aeree

 $(x,y) \in \{0,1\}, \quad (x,y) \in \mathbb{R}^n$

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:	
Manager	Name: Brewsters Investment	□Manager	Name: SCOTT ACOUSTAGE
Member	Address: Graf, LLC	□Member	Address: 1413 Gary Street
□Authorized	1413 Gary Street	Authorized	Cherry WA 99004
Person	Cherry WA 99004	Person	
□Other	Other	□Other	Other .
	, , , i		1 4 =
□Manager	Name: Julie Voliva	□Manager	Name: 2 11
□Member	Address: 1413 Gary Street	□Member	Address:
☐ Authorized	cherey w4 99001	□Authorized	=
Person		Person	
Other	Other	Other	Other
			•
□Manager	Name: Lister Gir Zar	□Manager	Name: Tony Gerzon
□Member	Address: 5864 3/55 ARN	□Member	Address: 5864 31 X AV. N.
Authorized	St. Resturg FL	Authorized	St letryby FL
Person	33710	Person	33710
□Other	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.

Signature of an authorized person

Alicia Levy

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

SKJT4, LLC

DZI MPR -9 PH L:

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 02/19/2021.

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: 03/27/2021 UBI Number: 604 707 493



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

Kim Wyman, Secretary of State

Kin Ulgna

Date Issued: 03/27/2021