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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C41	Addrocci			

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Foreign Limited Liability Company Flyhomes Brokerage, LLC

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Help

From: Ranae McGraw

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

2021-05-12 09:54:00 CST

IN COMPHANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LEATITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAE

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	wida The s	iternate name must include "familed faulidity C	оправу/"Т.Л.С,7 ост.1
Washington		-	N/A	
(Jurisdiction under the law of w	nich foreign limited liability company is or gamized)	. د	(FIJ number, stapp	Nicable)
N/A				
	(Date first transacted business in Florida, it from to re (See sections 605 6904 & 605 9905, F.S. to determin	egistration ne penalty	(ability)	
Flyhomes, Inc.		_	Flyhoines, Inc.	
drzet Address of Principal Office)		6	(Mailing Address)	
1201 Western Ave Ste			1201 Western Ave Ste 100	<u></u>
Seattle WA 98101			Seattle WA 98101	INI APR I C
. Name and street address	s of Florida registered agent: (P.O. Box	NOT 2	occeptable}	
Name:	C T Corporation System			EC. FLORID
Office Address:	1206 South Pinc Island Road			Đ.
	Plantation		33324 , Florida (Zapaste)	
	(City)		(Zip disle)	

and accept the obligations of my position as registered agent.

Ву:	C.T. Corporation System Enc Jensen. Assistant Secretary W. Just	
	(Registered agent's signature)	

From: Ranae McGraw

8. For initial indexing purposes, list names, title	or capacity and addresses of the primary	y members/managers or persons authorized to
manage (up to six (5) total)		

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☑Manager	Name: Ryan Dibble	□Manager	Name: Flyhomes, Inc.
□Member	Address: 1201 Western Ave 5te 100	■Member	Address. 1201 Western Ave. Stc. 100
□Authorized	Seattle WA 98101	☐ Authorized	Seattle, WA 98101
Person		Person	
⊡Other	Other	□Other	⊡Other
⊡Manager	Name:	□Manager	Name:
□ Member	Address:	□ Member	Address:
□ Authorized		☐ Authorized	- 10 To 10 T
Person		Person	- Fig. 7
□Other	Other	□Other	Jother Division P
□ 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 fellowy as provided for in s.817 155, F.S.

Ryan Dibble		
SUE POSE VISCOSETY	Signature of an authorized person	
Ryan Dibble		
	Typed or printed name of signee	

Page: 5 of 5

- Trible of



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

FLYHOMES BROKERAGE, LLC

FILE PH 4: 24

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 12/21/2018.

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.

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: 05/10/2021 UBI Number: 604 375 121



SETTETTE .

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

Kim Wyman, Secretary of State

Kim Ulgna-

Date Issued: 05/10/2021