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(Requestor's Name) (Address)	000365893980
(City/State/Zip/Phone #)	11717.2101147021 ••125.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2021 MAY 17 PH 12: 38 A TAXY &F STALE A TAXY &F STALE

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TO: Registration Section Division of Corporations

PlanReal Partners LLC

SUBJECT: _

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Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Name of Person		
PlanReal Partners LLC			
	Firm/Company		
1920B E Spruce St			
	Address		
Seattle, WA 98122			
·	City/State and Zip Code	-	
quanlin@planrealpartners.com		1ھر بير 11	
E-mail address: (t	to be used for future annual report notification)	يند دونته بر	
er information concerning this matter, please	e call:	ن با در ۲۱	
Quanlin Hu	206 488-2823	AUTARY OF STATE	
Name of Contact Person	Area Code Daytime Telephone Number	20	
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Certified Copy

Certificate of Status

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

umited Liability Company, must include "Limited	d Liability (Company," "L.L.C.," or	"LI.Č.")		_
ame adopted for the purpose of transacting business in FI	orida The al	ernate name must include "	Linuted Liability Compan	ις." "L L C " στ	"LLC.")
(Jurisdiction under the law of which foreign limited hability company is organized)			(FEI number, if applicable	:)	_
······································					
(See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty h	ibility }			
	I	920B E Spruce St			
·····	0	(Mailing Address)			_
	S	eattle, WA 98122			
	-	,	<u> </u>		
· ·	_			••••	~
s of Florida registered agent: (P.O. Box	NOT ac	ceptable)		- "P	2021 MAY 17
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Quanlin Hu				1.1	
					Ph
2350 SW 27th Ave, Apt 908					PH 12:
Miami			45	2A	ω 30
		, Florida	in codes		
	anne adopted for the purpose of transacting business in Fl nich foreign limited hability company is organized) (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine sof Florida registered agent: (P.O. Box Quanlin Hu 2350 SW 27th Ave, Apt 908	ance adopted for the purpose of transacting business in Florida. The all 3	anne adopted for the purpose of transacting business in Florida. The alternate name must include ' 3. 82-3448847 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability (See sections 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 605.0904 & 60	anne adopted for the purpose of transacting business in Florida. The alternate name must include "Linuted Liability Compar- nich foreign limited hability company is organized) (Per number, if applicable (Per number, if app	anne adopted for the purpose of transacting business in Florida. (he alternate name must include "Linuted Liability Company," "L.L.C." or 3. <u>82-3448847</u> (FEI number, if applicable) (Date first transacted histness in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.) 6. <u>1920B E Spruce St</u> (Multing Address) Seattle, WA 98122 Quanlin Hu 2350 SW 27th Ave, Apt 908 Miami, Florida

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.

(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:	□Manager	Name:	
□Member	Address:	□Member	Address:	
Authorized	Seattle, WA 98122	Authorized		
Person		Person		
□Other	Other	□Other		[]Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	⊡Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	□Other	□Other		□Other
				2021
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		1:38 ATE 1810
□Other	Other	□Other		⊡Other

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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, 1 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

Quanlin Hu

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Typed or printed name of signee



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PLANREAL PARTNERS LLC

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 08/08/2017.

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: 05/11/2021 UBI Number: 604 152 559



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

Kin Ulyna

Kim Wyman, Secretary of State Date Issued: 05/11/2021

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