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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 862589 4726922				
AUTHORIZATION CAMBLE MAR.				
COST LIMIT \$/125.00				
ORDER DATE : June 14, 2021				
ORDER TIME : 9:21 AM				
ORDER NO. : 862589-005				
CUSTOMER NO: 4726922				
FOREIGN FILINGS				
NAME: UNDEAD LABS LLC				
XXXX QUALIFICATION (TYPE: <u>LL</u>)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Eyliena Baker EXT# 61594				

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Undead Labs LLC				
		of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please 1	return all correspondence concerning this matter to	o the following:			
	*	Name of Person			
Firm/Company					
Address					
City/State and Zip Code					
	E-mail address: (to be	used for future annual report notification)			
For furt	her information concerning this matter, please call	l:			
		at ()			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
P.O. Box 6327		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 DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗔 \$160.00 Filing Fee, Certificate			

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(wante of roteign	Limited Liability Company; must include "Limited	Clability Company, 12 C.C. of ECC 7				
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability Co	ompany," "L	. L. C." or "Ll	LC ")	
Washington		27-1189441				
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if app	licable)			
4	(Date first transacted business in Florida of oper to a	witerston I				
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	e penalty liability)				
Attn: Subsidiary Ma 5.		6. (Mailing Address)				
(Street Address of Principal Office)		(Mailing Address)				
One Microsoft Way		One Microsoft Way				
Redmond, WA 98052-6399 Redmond, WA 98052-639						
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)		2021		
Name:	Corporation Service Company			2021 JULY 1	• •	
Office Address:	1201 Hays Street			7		
	Tailahassee	32301 , Florida	23.	9: 2		
	(City)	(Zip code)		ග		
designated in this applica to comply with the provisi	(Спу)	, Florida (Zip code) rocess for the above stated limited liability registered agent and agree to act in this	capacity.	ny at the	er a	

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: Benjamin O. Orndorff	ШМапаger	Name:	
□Member	Address:	□Member	Address: _	
□Authorized	Redmond, WA 98052-6399	□Authorized		
Person		Person		
Other		□Other		Other
≅ Manager	Name: Keith R. Dolliver	□Manager	Name:	
□Member	Address: One Microsoft Way	□Member	Address:	
□Authorized	Redmond, WA 98052-6399	□Authorized		
Person		Person		
□Other	Other	Other		Other
☐ Manager	Name:	□Manager		.
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
Other	Other	□Other		Other
indexed individuals 9. Attached is a certifurisdiction under the of the translator mus 10. This document is	s executed in accordance with section 605.0 nent to the Department of State constitutes a	Florida Department of State d, duly authenticated by the cate is in a foreign language, 203 (1) (b), Florida Statutes.	Annual Rep official havi a translation I am aware t	ort form. ng custody of records in the of the certificate under oath that any false information



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

UNDEAD LABS 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 10/14/2009.

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: 06/15/2021 UBI Number: 602 961 441

STATE ON WASHING

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

Kim Wyman, Secretary of State

tim Ulyna

Date Issued; 06/15/2021