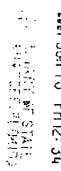
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JUN 28 2021 M. SULOMOU

COVER LETTER

TO:

Registration Section

SUBJECT: _	Nam	e of Limited Liability Company
The enclosed ' Existence, and	"Application by Foreign Limited Liability is check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return a	all correspondence concerning this matter t	o the following:
	Jeffrey Haguewood	
		Name of Person
	Sidekick Solutions LLC	
		Firm/Company
	4003 Old Mill Rd	
		Address
	Port Angeles, WA 98362	
	(City/State and Zip Code
	jeff@sidekicksolutionsllc.com	
		e used for future annual report notification)
For further in!	formation concerning this matter, please ca	H:
Jeffr ———	ey Haguewood	360 477-0629 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Reg Divi P.O	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DE 125.00 Filing Fee \$130.00 Filing Fo Certificate	ee & 🔯 \$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 (05,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate :	name adopted for the purpose of transacting business in Florid	la. The alternate name must include "Limited Liability Company," "L.L.C," o
Washington State		46-1686848
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)
5/27/2021		
	(Date first transacted business in Florida, if prior to regi- (See sections 605-0901 & 603,0905, F.S. to determine)	stration.) centify liability)
4003 Old Mill Rd		403 S Lincoln St
eet Address of Principal Office)	<u>.</u>	6. (Mailing Address)
Port Angeles, WA 98362		Ste 4 PMB 15
		Port Angeles, WA 98362
Same and street addres	ss of Florida registered agent: (P.O. Box)	(OT acceptable)
Name:	United States Corporation Agents, Inc	
Office Address:	5575 S. Semoran Blvd. Ste 36	
	Orlando	32822, Florida
	(City)	(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.



Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc.

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: Jeffrey Haguewood Name: **■**Manager □Manager Name: 4003 Old Mill Rd []Member Address: ☐Member Address: Port Angeles, WA 98362 []Authorized □ Authorized Person Person □Other_____ □Other ____ Other Other____ □Manager □ Manager Name: Name: □Member □Member | Address: Address: □ Authorized □ Authorized Person Person □Other_____ ∐Other 🚊 □Other □Other □Manager Manager Name: □Member □Member Address: □ Authorized □ Authorized Person Person □Other____ □Other____ Other ____ Other____ Important Notice: 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. I am aware that any false information submitted in a document to the Department of State conditutes a third degree felony as provided for in s.817.355, F.S.

Typed or printed name of signee

Jeffrey Haguewood



Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

SIDEKICK SOLUTIONS 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 01/04/2013.

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: 04/13/2021 UBI Number: 603 265 240

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

Kim Wyman, Secretary of State

un Ulyna

Date Issued: 04-13-2021

