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## COVER LETTER

TO: Registration Section

3 Division of Corporations

	Nam	e of Limited Liability Company			
e enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert istence, and check are submitted to register the above referenced foreign limited liability company to transact business in					
ase return all co	orrespondence concerning this matter t	to the following:			
	Mike Matysik				
	•	Name of Person			
	Captains HLD, LLC				
		Firm/Company			
	190 W. Dayton St. Suite 103				
•	<del></del>	Address			
	Edmonds, WA 98020				
•	(	ity/State and Zip Code			
ae	dmin@bvacq.com				
_	E-mail address: (to b	e used for future annual report notification)			
further inform	ation concerning this matter, please ca	ılı:			
Mike Ma	ntysik	425 954-4675 at ( )			
	Name of Contact Person	Area Code Daytime Telephone Number			
<u>Mailing /</u> Registra	Address: ition Section	Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallaha	ssee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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

IN COMPLIANCE WITH SECTION (16 (902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavariable, enter alternate	name adopted for the purpose of transacting business in Flori	ida. The afternate name must include "Limited Liabil	rty Company," "L-L.C," or "L.L.C.")	
Washington		87-1073113		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
	(Date first transacted business in Florids, if prior to te	Alandia I	_	
	(See sections 603 0904 & 603 0903, F.S. to determine	penalty liability)		
190 W. Dayton St, Ste 103		190 W. Dayton St, Ste 103		
reet Address of Principal Office)		6. (Masting Address)	<del></del>	
Edmonds, WA 98020		Edmonds, WA 98020		
Name and street addre	ss of Florida registered agent: (P.O. Box )	NOT acceptable)	21 JUN	
Name:	InCorp Services, Inc.		JUN 22	
Office Address:	17888 67th Court North		1000 PR 1	
	Lovahatchee	33470 , Florida	- <sup>() ()</sup> () () () () () () () () () () () () ()	
	(City)	fZtp cndic)		

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Michael Matysik □Manager Name: \_\_\_\_\_\_ □ Manager 190 W. Dayton St. Ste 103 Address: \_ □ Member Address: \_\_\_\_\_\_ ■ Member Edmonds, WA 98020 □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other \_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ Name: □Manager Name: □ Manager Address: Address: □Member □Member □ Authorized ☐ Authorized Person Person □Other\_\_\_ □Other\_\_\_\_ □Other! □Other\_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Manager ■ Manager Address: □ Member Address: \_\_\_\_\_\_ □Member □ 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 05.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State for splittes a third flegree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Michael Matysik, Member



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

## CAPTAINS HLD, LLC

1 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 06/03/2021.

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: 06/09/2021 UBI Number: 604 759 274 THE PERSON NAMED IN

STATA ON SHINGS IN 1889

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

Kim Wyman, Secretary of State

Ken Ulyna

Date Issued: 06/09/2021