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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230. Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 897646 4358179

COST LIMIT : \$ 125.00

AUTHORIZATION

ORDER DATE : July 8, 2021

ORDER TIME : 10:01 AM

ORDER NO. : 897646-005

CUSTOMER NO: 4358179

FOREIGN FILINGS

NAME: ARISE WIFI LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

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

IN COMPILANCE, WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

f name unavailable, enter alternati	e name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC.")
Washington ?.		85-3881621 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if	applicable)
	(Date first transacted business in Florida, it prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	_
601 Union St Suite 1401		Same as Principle Office	
reer Address of Principal Office)		6. (Mailing Address)	
Seattle, WA 98101			
			~ ~
			02
. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	JUL -9
		·	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		112:06
Office Address,	Tallahassee	32301	gn.
		, Florida	

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: Name: Gregory Beckel Name: Loren Arb ■ Manager Manager 601 Union St Suite 1401 601 Union St Suite 1401 Address: □Member □Member Seattle, WA 98101 Seattle, WA 98101 □ Authorized □ Authorized Person Person □Other____ Other____ □Other □Other Name: □Manager □Manager □Member □Member Address: Address: ____ □ Authorized □ Authorized Person Person Other____ □Other □Other Other □Manager Name: □Manager □Member Address: □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 constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Timothy D. Smith



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

ARISE WIFI 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 11/12/2020.

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: 07/08/2021 UBI Number: 604 673 532

STATE OF NASHING

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

Kim Wyman, Secretary of State

n Ulgna

Date Issued: 07/08/2021