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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BERGER SINGERMAN LLP, FT. LAUDERDALE

Account Number : I20020000154

Phone : (954) 525-9900

Fax Number : (954)523-2872

Distribute the email address for this business entity to be used for future  $rac{C'}{4}$  annual report mailings. Enter only one email address please.\*\*

Email Address: mark.scheake3mark.capital

## Foreign Limited Liability Company

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02
\$155.00

Mark Capital Finance, LLC

2000/1/2/2

שטע ול כחבו ווחנו חזיכו ווו

יטון אם ז

H210002678163

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

IN COMPLIANCE WITH SECTION 6050002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

anne unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida	. The alternate name must include "Limited Lubii	hity Company." "L.L.C." or "LLC.")
Delaware			
Complete the law of W	high foreign limited liability company is organized)	3(FEI number.	if applicable)
free brokerser areas are an an an			
Upon filing			_
	(Date first transacted business in Florida, if prior to regr (See sections 605,0204 & 605,0505, F.S. to determine p	eration.) country trability)	20
4901 Scenic Drive		4901 Scenic Drive	21
net Address of Principal Office)		6. (Making Address)	
Yakima, WA 98908		Yakima, WA 98908	12
Takinto, TTT TTT			P
			ب عــ بن ۱۰ <u>دن</u>
Name and street addre	ss of Florida registered agent: (P.O. Box )	(OT acceptable)	; 10
	_		
	O. C. Outlineau Rec		
	Gavin Gaukroger, Esq.		
Name:			
	350 East Las Olas Blvd., Suite 1000		
Name: Office Address:	350 East Las Olas Blvd., Suite 1000	33301	
		33301 , Florida (Zip code)	

## H210002678163

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 Canacity:	Name and Address:	Title or Canacity:		Name and Address:
Manager	Name: Mark Schaake	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	Yakima, WA 98908	□ Authorized		
Person		Person		
Other	E04	Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		
□ Other	Other	Other	<del></del>	□Other 2
□Manager	Name:	_ Manager	Name:	
□Member	Address:	_	Address: _	C T
□Authorized		_		
Person		Person		72
Other		Other	<del>_</del>	□Other

Important Notice: Use an attachment to report more than six (6), The attachment will be imaged for reporting purposes only. Non-indexed 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.

/s/Mark So	
Signatur	n of an authorized person
Ma	rk Schaake
Typed	or printed some of eignas

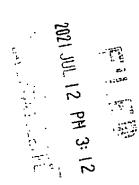
## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MARK CAPITAL FINANCE, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARK CAPITAL FINANCE, LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Authentication: 203641267

Date: 07-09-21

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