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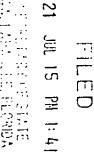
(Requestor's Name)					
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COVER LETTER

TO:

Registration Section

cistence, and check a ease return all corres	tion by Foreign Limited Liability Cre submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florion the following:	
	pondence concerning this matter to	the following:	
John ———			
	T. Witherspoon		
		Name of Person	
McE	wen Gisvold LLP		
		Firm/Company	
1100	SW Sixth Ave., Ste. 1600		
		Address	
Porti	land, OR 97204		
	C	ity/State and Zip Code	
johnw	@mcewengisvold.com		
	E-mail address: (to be	used for future annual report notification)	
or further information	n concerning this matter, please cal	d:	
John T. With	rrspoon	503 412-3520 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
<u>Mailing Addi</u> Registration	Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	, 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 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign				
	nents, LLC Limited Liability Company; must include "Lim	ited Liability	Company," "L.L.C.," or "L.LC.")
(If name unavailable, enter alternate	name adopted for the purpose of transacting business is	n Florida The	alternate name must include "Lamited	Liability Company," "L.L.C," or "LLC.")
			82-5322888	,
Washington 2	hich foreign limited liability company is organized)	3,		nber, if applicable)
(Jurisdiction under the law of a	hich foreign limited fiability company is organized)		(FEI nun	nber, if applicable)
N/A 1.				
·,	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	r to registration rmine penalty	.) liability)	
4611 NW Fruit Valley	Rd., #101	6	4611 NW Fruit Valley Rd.	,#101
5. (Street Address of Principal Office)		(i,	(Mailing Address)	7415
Vancouver, WA 98660)		Vancouver, WA 98660	
	ss of Florida registered agent: (P.O. B Capitol Corporate Services, Inc.	ox <u>NOT</u> i	icceptable)	21 JUL
 Name and street addre Name; Office Address: 				IS ILE
Name:	Capitol Corporate Services, Inc. 515 East Pink Ave., 2nd Fl. Tallahassee			FILED 21 JULIS PM 1: 4
Name:	Capitol Corporate Services, Inc. 515 East Pink Ave., 2nd Fl.			IS ILE

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: Craig R. Hargreaves	■Manager	Name: Kim E. Hargreaves
□Member	Address:	□Member	Address:
□Authorized	4611 NW Fruit Valley Rd., #101	□Authorized	4611 NW Fruit Valley Rd., #101
Person	Vancouver, WA 98660	Person	Vancouver, WA 98660
∐Other	□Other	□Other	□Other
ШМапаger	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	[]Other	□Other □
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	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.

Signature of an authorized person

John T. Witherspoon

Typed or printed name of signee



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

CASCADE RANGE INVESTMENTS, 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 07/10/2015.

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: 06/18/2021 UBI Number: 603 523 480

STATE OF WASHING

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

Kim Wyman, Secretary of State

an Ulgna

Date Issued: 06/18/2021