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COVER LETTER

	Registration Section Division of Corporations			
	NWF Midway LLC			
UBJEC	T:			
	Name	of Limited Liability Company		
The enclo Existence	osed "Application by Foreign Limited Liability Co, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida		
lease ret	urn all correspondence concerning this matter to	the following:		
	Tom Riley			
		Name of Person		
	New NWF LLC	Name of retson		
	NEW NWP LLC			
	Firm/Company			
	3020A 31st Ave W			
Address				
	Seattle WA 98199			
	C	ity/State and Zip Code		
	tsriley1@gmail.com			
	E-mail address: (to be	used for future annual report notification)		
	·			
	er information concerning this matter, please cal	ıı: 206 3310093		
	Tom Riley			
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DER \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & S155.00 Filing Fee & S160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 605,0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NWF Midway LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") n/a Washington State (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) n/a (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 3020A 31st Ave W 3250 Airport Way S 5. (Street Address of Principal Office) (Mailing Address) Suite 609 Seattle WA 98199 Seattle WA 98134-2172 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N STE 300 Office Address: 33702 ST Petersburg , Florida (City) 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

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.

Registerd Agents Inc. (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]:

Title or Capacity:	<u>Name and Address:</u> Thomas Riley	Title or Capacity:	<u>Name and Address:</u> Adrian Hanauer
□Manager	Name:	⊠Manager	Name:
□Member	Address:	⊠Member	Address:
⊠ Authorized	Seattle My 20133	□Authorized	Seattle WA 98134
Person		Person	
□Other	Other	□Other	Other
□Manager	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	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

Thomas Rilev





Secretary of State

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

CERTIFICATE OF FORMATION

to

NWF MIDWAY LLC

A WA LIMITED LIABILITY COMPANY, effective on the date indicated below.

Effective Date: 08/02/2021 UBI Number: 604 791 333



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

Kim Wyman, Secretary of State

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Date Issued: 08/02/2021