

8/11/2021

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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TALLAHASSEE, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
Tuck.com, LLC**

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Tuck.com, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (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.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-1554090
(FEI number, if applicable)
4. 04/01/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1414 NE 42nd St Ste 400
(Street Address of Principal Office)
6. Same
(Mailing Address)
- Seattle, WA 98105

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.,

Office Address: 155 Office Plaza Dr Ste A

Tallahassee, Florida 32301
(City) (Zip code)

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 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.

By: Margaret Mackenzie Hart, Asst. Secretary
(Registered agent's signature)

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 TALLAHASSEE, FL

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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|----------------------------------|---|----------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Patrick Gavin | <input checked="" type="checkbox"/> Manager | Name: Tyler Wick |
| <input type="checkbox"/> Member | Address: 1414 NE 42nd St Ste 400 | <input type="checkbox"/> Member | Address: 1414 NE 42nd St Ste 400 |
| <input type="checkbox"/> Authorized | Seattle, WA 98105 | <input type="checkbox"/> Authorized | Seattle, WA 98105 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| | | | |
| <input checked="" type="checkbox"/> Manager | Name: Bill Fish | <input checked="" type="checkbox"/> Manager | Name: John Hunt |
| <input type="checkbox"/> Member | Address: 1414 NE 42nd St Ste 400 | <input type="checkbox"/> Member | Address: 1414 NE 42nd St Ste 400 |
| <input type="checkbox"/> Authorized | Seattle, WA 98105 | <input type="checkbox"/> Authorized | Seattle, WA 98105 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| | | | |
| <input checked="" type="checkbox"/> Manager | Name: Carl Ng | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: 1414 NE 42nd St Ste 400 | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | Seattle, WA 98105 | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> 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

Bill Fish

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TUCK.COM, 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 FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUCK.COM, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2016.

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



5948849 8300

SR# 20212890198

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203842699

Date: 08-04-21