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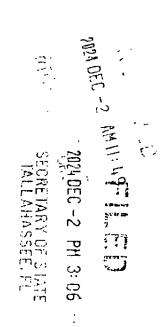
	(Requestor's Name)	
···	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
	(Business Entry Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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CORPORATE ACCESS,

When you need ACCESS to the world



INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	(CORPORATE NAME AND DOCU:	AFNT#)	
SPECIAI	L INSTRUCTIONS:		

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Evergate Stables LLC	
Name of For	reign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Josh Posthuma	
Name of Person	
Evergate Stables LLC	
Firm/Company	
2284 W Commodore Way, Suite 220	POUT OF 2 PH 3: 06 SECRETARY OF SHIPE STALL AHAS SEE, FILE Code
Address	
Seattle, WA 98199	300 P
City/State and Zip C	Code Fig. 9
josh@jenna.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matt	tter, please call:
David Nugent	360 643=0024 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followi □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Statu	□ \$55 Filing Fee & □ \$60 Filing Fee.