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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 065668 8040067

AUTHORIZATION : Signell Classes

COST LIMIT : \$ '160'.00

ORDER DATE : October 1, 2021

ORDER TIME : 12:22 PM

ORDER NO. : 065668-005

CUSTOMER NO: 8040067

FOREIGN FILINGS

NAME: FUNKO, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

Registration Section

TO:

COVER LETTER

SUBJECT:	Funko, L.L.C. Name of Limited Liability Company		
ase return	all correspondence concerning this matter to	to the following:	
	Trevor Johnson		
		Name of Person	
	Funko, L.L.C.		
		Firm/Company	
	2802 Wetmore Avenue		
	Address		
	Everett, Washington 98201		
	City/State and Zip Code		
	trevorj@funko.com		
	E-mail address: (to b	e used for future annual report notification)	
r further ir	formation concerning this matter, please ca	.11:	
Tre	vor Johnson	at () 678-2460 Area Code Daytime Telephone Number	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	losed is a check for the following amount: se make check payable to: F1.OR1DA DE1 125.00 Filing Fee		

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

IN COMPLANCE WITH SECTION 605,0002. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC") Iff name may adable, 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,") Washington (Jurisdiction under the law of which foreign limited liability company is organized) July 1, 2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2802 Wetmore Avenue 2802 Wetmore Avenue (Street Address of Principal Office) Everett, Washington 98201 Everett, Washington 98201 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee . Florida

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.

Corporation Service Corfuency

exus Walad assistant va president

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: Brian Mariotti ■ Manager □Manager Name: Address: 2802 Wetmore Ave □Member □Member Address: _____ Everett, WA 98201 □ Authorized □ Authorized Person Person □Other___ □Other____ □Other _ □Other □Manager Name: □Manager Name: ______ □Member Address: ______ □Member Address: ☐ Authorized □ Authorized Person Person □Other____ □Other Other____ □Other___ □Manager □ Manager □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. Nonindexed 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. 8A2CC45AA769478 Brian Mariotti DocuSigned By, Brian Mariotti ____ Signature of an authorized person

Brian Mariotti
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

FUNKO, 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 02/03/2005.

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.

1 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: 10/04/2021 UBI Number: 602 469 782 7) 11 1 1 1 1 1 1 1

STATE OF WASHING TO 1889 NOT 1889

Sec. 15. 15. 15.

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

Kim Wyman, Secretary of State

Date Issued: 10/04/2021