# M2100013620

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





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TO: Registration Section

## COVER LETTER

Division of Corporations	ł		
SUBJECT: Character Affiliates Name of Limites	OF SOOT LLC d Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Existence, and check are submitted to register the above referenced in	or Authorization to Transact Business in Florida," Certificate of foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the follow	ring:		
Marcis Fenney Name of	Person		
Character Attiliat	es of Sport		
19031 33rd Ave W, SU			
Lynnwood, wa 950 City/State an			
taxassistant2 @ Jen E-mail address: (to be used for fu	deniss. Lon  iture annual report notification)		
For further information concerning this matter, please call:	12		
AVYCI RECUIS at (	LO6 508-3896  Area Code Daytime Telephone Number		
	t Address:		
Registration Section Registration Section			
•	Division of Corporations The Control of Tallahasses		
	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
· · · · · · · · · · · · · · · ·	Tallahassee, FL 32303		
Enclosed is a check for the following amount:	TO AT CITE A CITE		
Please make check payable to: FLORIDA DEPARTMEN  [X] \$125.00 Filing Fee	T OF STATE \$155.00 Filing Fee &  \$160.00 Filing Fee, Certificate		
Certificate of Status	Certified Copy of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 605 1902, FLORIDA STATUTES, THE FOLCOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1. (Name of Foreign Limited Liability Company; hourt include "Limited Liability Company; hourt include "Liability Company; hour	Snort UC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floric  2. (Invadiction under the law of which foreign limited liability company is organized)	da. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")  3. 85-2080927  (FEI number, if applicable)
4. 9.23.2) (Date first transacted beameas in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)
5. 5350 Carisbusoke Ln (Street Address of Principal Office)	
Tallahassee, FL 32309	Tallahassee, FL 32309
7. Name and street address of Florida registered agent: (P.O. Box	VOT acceptable)
Name: Marcis Fennell	
Office Address: 5350 Carisbrooke	
Tallahassee	, Florida <u>32309</u>
Registered agent's acceptance: Having been named as registered agent and to accept service of pro designated in this application, I hereby accept the appointment as r to comply with the provisions of all statutes relative to the proper as and accept the obligations of my position as registered agent.	egistered agent and agree to act in this capacity. I further agree
(Registered agent's sign	esture)

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: MAYCIS FENNELL			The state of the s
Member	Address: 5350 CANSbrooke Ly	□Member	Address:	
Authorized	Tallahassee, FL	☐ Authorized		
Person	32309	Person		
Other	Other	□Other	<del></del> -	Other
☐ Manager	Name:	□Manager	Name:	
☐ Member	Address:	□Member	Address:	
□Authorized	· · · · · · · · · · · · · · · · · · ·	□Authorized		ئئ
Person		Person		DOT :
□ Other	Other	□ Other		
				5 PH
□Manager	Name:	□Manager	Name:	H 3 12
□Member	Address:	□Member	Address:	2
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	
marcis	tennell	



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

### CERTIFICATE OF EXISTENCE

**OF** 

#### CHARACTER AFFILIATES OF SPORT 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 07/22/2020.

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: 09/23/2021 UBI Number: 604 630 885

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

Kim Wyman, Secretary of State

Date Issued: 09/23/2021

