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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)			
(Do	ocument Number)			
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJEC	SPOKANE EDO LLC						
.,0,0,0,1,		Name of Limited Liability Company					
The enc Existence	losed "Application by Foreign Limited Liabi ee, and check are submitted to register the ab	lity Company for Authorization to Transact Business in Florida," Certificate o ove referenced foreign limited liability company to transact business in Florida					
Please re	eturn all correspondence concerning this mat	ter to the following:					
	JOY CASEY						
		Name of Person					
	SPOKANE EDO LLC						
		Firm/Company					
	PO BOX 24567						
	Address SEATTLE, WA. 98124-0567						
		City/State and Zip Code					
	MCKCORPLICENSE@MCKINST	RY.COM					
	E-mail address: (i	to be used for future annual report notification)					
For furth	ner information concerning this matter, pleas	e call:					
JOY CASEY		206 832- 809 4					
	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 Tallahassee, FL 32314		The Centre of Tallahassee					
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount Please make check payable to: FLORIDA I \$125.00 Filing Fee \$130.00 Filing Certifies	DEPARTMENT OF STATE					





October 18, 2021

JOY CASEY P.O. BOX 24567 SEATTLE, WA 98124-0567

SUBJECT: SPOKANE EDO LLC Ref. Number: W21000138027

We have received your document for SPOKANE EDO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 621A00025341

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

WASHINGTON		onda. The alter	nate name must include "Limited L	iability Company," "L.I.C," or "LL	
			3-3609264		
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistration) ne penalty liab	lity)		
5005 3RD AV.E S			BOX 24567		
ret Address of Principal Office)		6	(Mailing Address)		
SEATTLE, WA, 9813-	4-2423	SE	ATTLE, WA, 98124-056	57	
Name:	C T CORPORATION SYSTEM				
Name: Office Address:	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD	-	_	21.	
				FILE 21, 007 300 1	

Kimberly Bowens, Asst. Secretary

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: DEAN ALLEN	□Manager	Name:
□Member	Address: 5005 3RD AVE, S	□Member	Address:
□Authorized	SEATTLE, WA 98134	□Authorized	
Person		Person	
Other	Other	Other	Other
□Мападег	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	□Other

<u>Important Notice</u>: 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

CASE

Syned or printed proper signer.

The State of Washington

Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

SPOKANE EDO 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 02/13/2019.

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:

09/10/2021

UBI Number:

604 375 372



Orven under my hand and the Scal of the State of Washington at Olympia, the State Capital

Kun Wyman, Secretary of State

tun Ulyna

Date Issued: 09/10/2021