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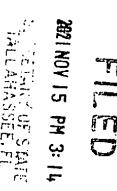
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Email from Jennifer to update FG 7AH
11/20/21

Office Use Only



500376431995

11/15/21--01017--005 **125.00



S. FRANKLIN NOV 2 2 2021

COVER LETTER

	tration Section on of Corporations							
SUBJECT:	Vashington Asset Advisors, LLC							
SUBJECT: _	UBJECT:Name of Limited Liability Company							
		Company for Authorization to Transact Business in referenced foreign limited liability company to trans						
Please return al	Il correspondence concerning this matter to	o the following:						
	Jennifer Yu							
		Name of Person						
	Washington Asset Advisors, LLC							
		Firm/Company						
	13624 Pine View Lane							
		Address						
	Rockville, MD 20850		27 NO	æ				
	C	ity/State and Zip Code	<u> </u>	43. 38				
	jennifer.yu@washingtonaa.com		VIC. UF					
	E-mail address: (to be	used for future annual report notification)	THE CONTRACT OF THE CONTRACT O	į				
For further info	ormation concerning this matter, please cal	П:	MINOV IS PH 3: 14					
jennifer yu		240 271-5357 at ()						
	Name of Contact Person	Area Code Daytime Telephone N	lumber					
Regis	ng Address: stration Section sion of Corporations	Street Address: Registration Section Division of Corporations						
	Box 6327	The Centre of Tallahassee						
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

i loase mane eneem payar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
■ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &		\$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate
	Certificate of Statu	5	Certified Copy	of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGINTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA:

1. Washington Asset Adv			
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC")	<u></u>
Washington Asset Adviso	or, LLC		
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	irida. The alternate name must include "Limited Lial	odity Company," "L.L.C," or "L.L.C.")
Delaware 2.		3. 55-0895	145
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number	, if applicable)
12/01/2021			
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration) se penalty liability)	
1231 Turnbridge Place		13624 Pine View Lane	
5. (Street Address of Principal Office)		6. (Mailing Address)	
Oviedo		Rockville	
FL 32765		MD 20850	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	NOV 15
Name:	Gary Li		PH 3: 14
Office Address:	1231 Turnbridge Place		ĹĘ. →
	Oviedo	32765 , Florida	
	(City)	(Zip code)	<u> </u>

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.

(Registered agent's signature)

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:	□Manager	Name:
□Member	Address:	□Member	Address: 13624 Pine View Lane
□Authorized	Oviedo	■Authorized	Rockville
Person	FL 32765	Person	MD 20850
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	3 P TT
Person		Person	بن بن شرب <u>بن بن ب</u>
Other	Other	□Other	Other City

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

Jenn for Yu

Typed of printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WASHINGTON ASSET ADVISORS, 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 NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WASHINGTON ASSET ADVISORS, LLC" WAS FORMED ON THE SECOND DAY OF JUNE, A.D. 2005.

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

TILED MINOVIS PH 3: 14



3979913 8300 SR# 20213705017 Authentication: 204598405

Date: 11-04-21