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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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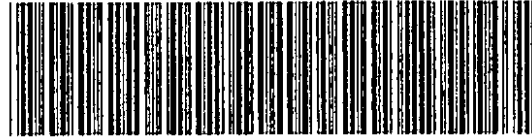
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLINGSHOT SPORTS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAMES KIMBALL

Name of Person

SLINGSHOT SPORTS LLC

Firm/Company

1218 WASCO ST.

Address

HOOD RIVER, OR 97031

City/State and Zip Code

J. Kimball @ SLINGSHOTSPORTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES KIMBALL

Name of Contact Person

at (509) 637-2354

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 following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SLINGSHOT SPORTS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, 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.")

2. WASHINGTON
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 91-2002917
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1218 WASCO ST.
(Street Address of Principal Office)

6. SAME
(Mailing Address)

HOOD RIVER, OR 97031

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

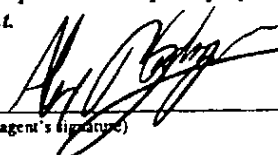
Name: ALEX BLOECHINGER

Office Address: 5218 CAESAR WAY S.

ST. PETERSBURG, Florida 33712
(City) (Zip code)

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)

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SECRETARY OF STATE
TALLAHASSEE, FL

<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: <u>JEFF LOGOZE</u></p> <p><input checked="" type="checkbox"/> Member Address: <u>1218 WASCO ST</u></p> <p><input checked="" type="checkbox"/> Authorized <u>HOOD RIVER, OREGON</u></p> <p style="text-align: right; margin-right: 100px;"><u>97031</u></p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: <u>JAMES KIMBALL</u></p> <p><input checked="" type="checkbox"/> Member Address: <u>1218 WASCO ST</u></p> <p><input checked="" type="checkbox"/> Authorized <u>HOOD RIVER, OR 97031</u></p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>

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)

Signature of an authorized person J. Kimball
Typed or printed name of signee JAMES KIMBALL
509-637-2354

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SLINGSHOT SPORTS 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 10/18/1999.

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: 11/24/2021
UBI Number: 601 988 566



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

Steve R. Hobbs, Secretary of State

Date Issued: 11/24/2021