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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	East2WestWLS	
JOHOL		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida
Please r	eturn all correspondence concerning this matter	to the following:
	Victoria S Byerly, Attorney at Law	
		Name of Person
	Kline Alvarado Veio, PC	
		Firm/Company
	1800 Cooper Point Rd SW, Bldg 11	
		Address
	Olympia, WA 98502	
		City/State and Zip Code
	vbyerly@kvfirm.com	
	E-mail address: (to l	be used for future annual report notification)
For furt	her information concerning this matter, please c	all:
Victoria S Byerly		360 616-1749 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section
		Division of Corporations
		The Centre of Tallahassee
	Tallahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	
	☐ \$125.00 Filing Fee ■ \$130.00 Filing F Certificate	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

East2WestWLS, LLC						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability C	ompany," "L.L.C.," or "LLC.")			
				N 15 (1 WHI 1 (2 W		
	ame adopted for the purpose of transacting business in F	lorida. The alte	mate name must include "Limited Lia	bility Company," "U.L.C," c	or "LLC.")	
Washington 2.		3		(FEI number, (Lapplicable)		
2. (Jurisdiction under the law of which foreign limited liability company is organized)			(FEI mimbe	(FEI number, if applicable)		
4.	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty fiab	nlity)			
3118 Judston St #1382			118 Judston St. #1382			
5. (Street Address of Principal Office)		6	(Mailing Address)		_	
Gig Harbor, WA 9833	5	G	ig Harbor, WA 98335			
	· · · · · · · · · · · · · · · · · · ·					
					_	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acc	eptable)	2021 DEC -9		
				I DE	1	
Name:	Jason Smith			C-S	=	
rame.			· · · · · ·	m _c	\Box	
Office Address:	7402 Eaton Ave			PH 4: OF STAI . FLORE		
	Jacksonville		32211	: 27 ATE IRIDA		
			Florida(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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:
Name: April Smith	□Manager	Name:	
Address: 3118 Judson St. #1382	□Member	Address: _	
Gig Harbor, WA 98335	D. Sanahamada ad	 .	· · · · · · · · · · · · · · · · · · ·
	Person		
□Other	□Other		Other
Name:	□Manager	Name:	
Address:	□Member	Address:	
	□Authorized		
	Person		
□Other	□Other		□Other
Name:	□Manager	Name:	
Address:	□Member	Address:	
	□Authorized		
·	Person		
	□Other		□Other
	Name: April Smith Address: 3118 Judson St. #1382 Gig Harbor, WA 98335 DOther Name:	Name: April Smith	Name: April Smith

Victoria S. Byerly, Attorney at Law



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

EAST2WESTWLS, 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 04/30/2021.

1 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:

11/19/2021

UBI Number:

604 748 844

* Killenan



VEUSATSU'-

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

Kim Wyman, Secretary of State

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Date Issued: 11-19-2021