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Division of Corporations

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Email Address: mmcbride@ballistaconsulting.com

## Foreign Limited Liability Company BALLISTA CONSULTING, LLC

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

IN COMPLIANCE WITH SECTION 605,0002 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT RUSTATINS IN THE STATE OF FLORIDAY BALLISTA CONSULTING, LLC (Name of Foreign Limited Liability Company; mast include "Limited Liability Company," "L.L.C.," or "LLC.") (If name univalable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. L. C." or "LLC.") Washington (Jurisdiction under the law of which foreign limited liability company is organized) 10/01/2021 (Date first transacted business in Florida, if prior to regizination.) (See sections 605,0901 & 605,0905, F.S. to determine penalty liability) 356 Lee Street (Street Andress of Principal Office) Seattle, Washington 98109 Seattle, Washington 98102 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) **Business Filings Incorporated** Name: 1200 South Pine Island Road Office Address: Plantation 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 supporture)

Mark Williams, A.V.P., Business Filings Incorporated

To: ~18506176383 Page: 6 of 6 2021-1

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From: Alexis Gr-

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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: Steve Kipp	□Manager	Name: Tiffany Buerk
(XMeiubei	Address:	<b>X</b> Member	Address:
ClAmhorized	PO BOX 23127	□lAuthorized	PO BOX 23127
Person	Scattle, Washington 98102	Person	Seattle, Washington 98102
□Other	□Other	□Other	
⊞Manager	Name:	□Manager	Name:
☐Member :	Address:	□Member	Address:
∐Authorized		□ Authorized	
Person		Person	
[]Other		①Other	[]Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐Anthorized	
Person		Person	
□Other	Other	_Other	□Othei

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.

Steve Eight Steve Eight		
— arcanae II.	Signature of an authorized person	
Steve Kipp		
+	Typed or printed nome of signer	•



Secretary of State

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

#### CERTIFICATE OF EXISTENCE

OF

#### BALLISTA CONSULTING, 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 08/29/2008.

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: 12/08/2021 UBI Number: 602 860 356

R Hollie



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

Steve R. Hobbs, Secretary of State

Date Issued: 12/08/2021