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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## **Foreign Limited Liability Company EXCITE PROPERTY LLC**

Certificate of Status	0
Certified Copy	0
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Help

S. HAWKES JAN - = 2021

# 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<b>Vashingto</b> i	me adopted for the purpose of transacting business in Florida.	3	(FEI number, if applicable)	
orisdiction under the law of wh	sch foreign limited liability company is organized)	<del>-</del>	(FEI number, 1f applicable)	
	(Date first transacted business in Florida, if prior to registr (See sections 605,0904 & 605,0905, F.S. to determine pe	ation.)		
4504 CANTERWOOD DR NW		6. 4504 CANTERWOOD DR NW		
(Street Address of P	rincipal Office)		(Mailing Address)	
 IG HARBOR,	WA 98332-8832	GIG	HARBOR, WA 98332-8832	
ame and <u>street addres</u>	s of Florida registered agent: (P.O. Box No Northwest Registered Agen		ible)	
Name:				
	7901 4th St N STE	300		
Office Address:			33702 : =	
Office Address:	St. Petersburg		Florida 33/02 (Zip code)	

(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: SHAHIDUL HAQUE	☐ Manager	Name:		
Member	Address: 4504 CANTERWOOD DR NW	Member	Address:		
Authorized	GIG HARBOR, WA 98332-8832	☐ Authorized			
Person		Person			
Other	Other	Other		Other	
Manager	Name: SUPRIO BANERJEE	☐ Manager	Name:		
⊠Member	4504 CANTERWOOD DR NW	Member	Address:		
Authorized	GIG HARBOR, WA 98332-8832	Authorized			
Person		Person		·	
Other	Other	Other		Other	
			Name		
Manager	Name:	☐ Manager			
Member	Address:	Member	Address:		
Authorized		Authorized			
Person		Person			
Other	Other	Other		Other	
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					
Morgan Noble					

Typed or printed name of signee



# 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** 

### EXCITE PROPERTY 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 05/29/2019.

**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 filling and that proceedings for administrative dissolution are not pending.

Issued Date: 01/31/2022 UBI Number: 604 468 239

STATE OF WASHINGTON 1889 NO.

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

te R Hollie

Steve R. Hobbs, Secretary of State

Date Issued: 01/31/2022