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CORPORATE ACCESS,

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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xx	FILING	Foreign LLC			
1.	SMOKEY POINT DISTRIE (CORPORATE NAME AND DOCUME)	BUTING, LLC NT#)			
2.	(CORPORATE NAME AND DOCUME)	NT #)			
3.	(CORPORATE NAME AND DOCUME)	NT #)			
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6.	(CORPORATE NAME AND DOCUME)	NT #)			
SPECIA	AL INSTRUCTIONS:				
					

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SMOKEY POINT DIS			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L. L. C.," or "LLC.")	
If name unavailable, enter alternate is	name adopted for the purpose of transacting business in Flo	onda. The alternate name must include "Limited Liab	thty Company," "1. L C," or "LLC.")
Washington		3	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number,	if applicable)
12/31/2021			
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	registration) ne penalty liability)	
19201 63rd Avenue NE		19201 63rd Avenue NE	
Street Address of Principal Office)		6. (Mailing Address)	
Arlington, WA 98223		Arlington, WA 98223	
7. Name and <u>street addres</u> Name:	C T Corporation System	NOT acceptable)	FAL 2022 FEB - 2 35 FEB 1855
Office Address:	1200 South Pine Island Road		PH (
	Plantation	33324 . Florida	₩ 5 1
	(Cuy)	(Zip code)	
designated in this applica to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registared agent.	s registered agent and agree to act in and complete performance of my du.	this capacity. I further agree

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: Daseke Companies, Inc. □Manager Name: Address: _ **■**Member □ Member Address: _____ Suite 440 □ Authorized □ Authorized Addison, TX 75001 Person Person □Other___ □Other_ □Other____ Other____ □ Manager □Manager Name: ______ Name: ______ □Member Address: □ Member Address: _____ □Authorized □ Authorized Person Person ☐ Other □Other □Other _____ □ Other □Manager Name: □ Manager Name: ______ □Member Address: ______ □Member Address: ________ \square Authorized □ Authorized Person Person □Other____ □Other_____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Soumit Rou

Sournit Roy
Typed or printed name of signee

The State of Washington

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

SMOKEY POINT DISTRIBUTING, 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 08/24/1979.

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: 01/26/2022

R Hohlie

UBI Number: 600 352 983



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: 01/26/2022