

2/24/22, 1:28 PM

Division of Corporations

ma202003076

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000072290 3)))



H220000722903ABCY

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : OLIVE JUDD, P.A.  
Account Number : I20200000171  
Phone : (954)334-2250  
Fax Number : (888)503-5258

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**SOUND PROPERTIES, FLORIDA, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help  
**B. HAWKES**  
FEB - 2021





February 25, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

OLIVE JUDD, P.A.

SUBJECT: SOUND PROPERTIES, FLORIDA, LLC  
REF: W22000024249

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: B22000072290  
Letter Number: 822A00004662



(((H22000072290 3)))

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUND PROPERTIES, FLORIDA, 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:

Stephen V. Hoffman, Esq.

Name of Person

Olive Judd, P.A.

Firm/Company

2426 East Las Olas Boulevard

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

shoffman@olivejudd.com

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

For further information concerning this matter, please call:

Stephen V. Hoffman

954

334-2250

at ( )

Name of Contact Person

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

(((H22000072290 3)))



(((H22000072290 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. \_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SOUND PROPERTIES, FLORIDA, 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.")

WASHINGTON

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)3. \_\_\_\_\_  
(FEI number, if applicable)

2/3/2022

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 8124 FALLS AVE SE  
(Street Address of Principal Office)6. PO BOX 997  
(Mailing Address)

SNOQUALMIE, WA 98065

SNOQUALMIE, WA 98065

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

Name: OLIVE JUDD, P.A.

Office Address: 2426 EAST LAS OLAS BOULEVARD

FORT LAUDERDALE, Florida 33301  
(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)

(((H22000072290 3)))



(((H22000072290 3)))

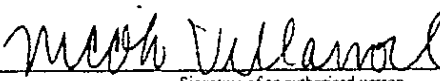
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                       | <u>Name and Address:</u>             | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager     | Name: <u>MICHAEL KIRKLAND</u>        | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                 | Address: <u>8124 FALLS AVE SE</u>    | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized             | <u>SNOQUALMIE, WA 98065</u>          | <input type="checkbox"/> Authorized  | _____                                |
| Person  | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input checked="" type="checkbox"/> Manager | Name: <u>JACOB MIDDLE</u>            | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input type="checkbox"/> Member                 | Address: <u>PO BOX 997</u>           | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized             | <u>SNOQUALMIE, WA 98065</u>          | <input type="checkbox"/> Authorized  | _____                                |
| Person  | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager            | Name: _____                          | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input type="checkbox"/> Member                 | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized             | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| Person  | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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

Nicole Villarroel  
Typed or printed name of signer

(((H22000072290 3)))



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**

**SOUND PROPERTIES, 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 07/19/1999.

**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: 02/22/2022  
UBI Number: 601 968 311



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: 02/22/2022