

M22000003109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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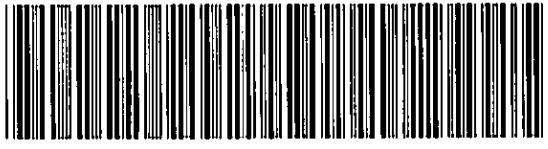
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

MAR - 1 2022

K. Brumby

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INLAND NORTHWEST MARKETING 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:

ADAM SMITH  
Name of Person  
INLAND NORTHWEST MARKETING LLC  
Firm/Company  
19211 PANAMA CITY BEACH PKWY 1001  
Address  
PANAMA CITY BEACH, FL 32413  
City/State and Zip Code  
ADMIN@INWMARKETING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM SMITH at (941) 888-4388  
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

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. INLAND NORTHWEST MARKETING LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

INW MARKETING 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.")

2. IDAHO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-1920268
(FEI number, if applicable)

4. 2/28/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. INW MARKETING
(Street Address of Principal Office)

6. INW MARKETING
(Mailing Address)

19211 PANAMA CITY BEAC PKWY 1001

19211 PANAMA CITY BEACH PKWY 1001

PANAMA CITY BEACH, FL 32413

PANAMA CITY BEACH, FL 32413

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

Name: ADAM SMITH

Office Address: 301 PARIDISO PL.

PANAMA CITY BEACH, Florida 32413
(City) (Zip code)

2022 MAR -1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FL 32309
APPROVED AND FILED

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.

[Handwritten signature of Adam Smith]
(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]:

<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: Adam Smith	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 301 Paradiso Pl, pcb, fl 32413	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized 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

Adam A Smith  
 \_\_\_\_\_  
 Typed or printed name of signee



# STATE OF IDAHO

Lawrence Denney | Secretary of State  
**Business Office**  
450 North 4th Street  
PO Box 83720  
Boise, ID 83720

February 28, 2022

**Request Type: Certificate of Existence/Filing**

Request #: 0004625516

Receipt #: 000621594

Issuance Date: 02/28/2022

Copies Requested: 0

**Regarding: INLAND NORTHWEST MARKETING LLC**

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 02/16/2010

Status: Active-Existing

Duration Term: Perpetual

File #: 281464

Formation Locale: IDAHO

Inactive Date:

## Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### INLAND NORTHWEST MARKETING LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Handwritten signature of Lawrence Denney in black ink.

Lawrence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 016612420