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COVER LETTER

TO: Registration Section Division of Corporations

MAJ PC. 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:

	Name of Person				
MAJ PC. LLC					
	Firm/Company				
300 W 15th St Suite 200					
	Address				
Vancouver, WA 98660					
Ci	ty/State and Zip Code				
brandi@majdevelopment.com					
E-mail address: (to be	used for future annual r	report notification)			
For further information concerning this matter, please call	:				
brandi ho	360 at (8235112			
Name of Contact Person	Area Code	Daytime Telephone Number			
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314					
	Tallahassee, FL	. 32303			

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN - LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L MAJ PC, LLC

	name adopted for the purpose of transacting business in F			aouny company, 1,1,2, or 1.3
WA		87 3.	-3608363	
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	5 (FEI numbe		er, if applicable)
12-16-2021				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) nne penalty liabil	lity (
300 W 15th St Suite 200		300 6.	0 W 15th St Suite 200	
reet Address of Principal Office)		v	(Mailing Address)	
Vancouver, WA 98660)	Va	ncouver, WA 98660	
				11.0
				SECE
				EB 21
Name and street addres	ss of Florida registered agent: (P.O. Box	N <u>OT</u> acce	ptable)	- 12 C
	Registered Agent Solutions . Inc.			AM 10: 03 OF STATE E. FLORID
Name:				OR DRA
Office Address:	155 Office Plaza Dr. Suite A			Dri J
			_	
Office Address.				
Office Address.	Tallahassee		. Florida 32301	

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.

Hackenzie Hart, Asst. Secretary

(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]:

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Title or Capacity:	Name and Address:	<u>Title or Capacity:</u>		Name and Address:
∎Manager	Name: Michael A. Jenkins	□Manager	Name:	·
□Member	Address:	□Member	Address:	
□Authorized	Vancouver. WA 98660	□Authorized		
Person		Person		
□Other		□Other	_	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		
□Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□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. 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.

Signature of an authorized person

Michael A. Jenkins



Date Issued: 02/18/2022