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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (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 **

Email Address: **Foreign Limited Liability Company** Life Skills Advocate, LLC Certificate of Status Certified Copy Page Count

0 0 04 \$125.00 Estimated Charge

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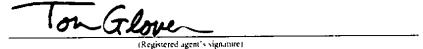
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	dvocate, LLC Limited Liability Company; must include "La				-
, Washingto	ame adopted for the purpose of transacting business in	n Florida - The alternate nam	include "Limited Liability Col (FEI number, if app		-
1	(Date first transacted business in Florida, if prit (See sections 605,0904 & 605,0905, F.S. to de	or to registration) termine penalty hability)			
7901 4th St N		₆ 7901 4th St N			_
STE 300		STE	STE 300		
St. Petersburg FL 33702		St. Petersburg FL 33		L 33702	
7. Name and street addres	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptab	ole)	PM 5: 35 0/ STATE E. FLORIDA	D
Name:	Northwest Registered Agent LLC			≽;; ਪ	
Office Address:	7901 4th St N STE 300				
	St. Petersburg		. Florida <u>33702</u>		

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.



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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Christopher Hanson Manager Manager Name: 7901 4th St N STE 300 Member Address: **X**Member St. Petersburg FL 33702 Authorized Authorized Person Person Other____ Other____ Other Other____ Name: _____ Manager Manager Name: Address: Member Member Address: Authorized ☐ Authorized Person Person Other_____ Other____ Other_ Other_ Name: Manager 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. Morgan Noble

Typed or printed name of signed





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

LIFE SKILLS ADVOCATE, 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 09/12/2019.

I FURTHER CERTIFY that the entity's duration is, 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.

1 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.

> 03/09/2022 Issued Date:

604 492 193 UBI Number:



KAKETA .

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

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 03/09/2022