

W22000004287

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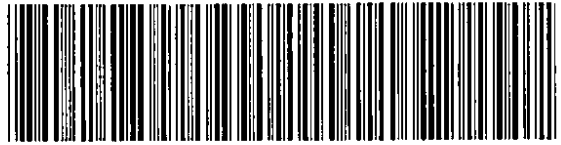
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ALLAHASSEE, FLORIDA

S. FRANKLIN

MAR 23 2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/22/2022

Acc#120160000072

*en: c DW*

Name:	David Oppenheimer and Company I, LLC
Document #:	
Order #:	14073064

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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		Number of Certs:	

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Verifier _____
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Amount: \$ 3968.75

Thank you!

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11:50

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: David Oppenheimer and Company I, 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:

Deb Levins Randi

Name of Person

David Oppenheimer and Company I, LLC

Firm/Company

c/o 101 11 Burbidge Street

Address

Coquitlam, BC V3K 7B2

City/State and Zip Code

Deborah.Levins.Randi@oppy.com

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

For further information concerning this matter, please call:

Deb Levins Randi

604

512 5989

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

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**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. David Oppenheimer and Company I, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Washington  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 91-1541604  
(FEI number, if applicable)

4. April 22, 1997  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 180 Nickerson St #211  
(Street Address of Principal Office)

6. 101 11 Burbidge St  
(Mailing Address)

Seattle, WA 98109-1631  
Coquitlam, BC V3K 7B2

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

By: \_\_\_\_\_  
(Registered agent's signature)

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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>Grandview Brokerage, LLC</u>	<input type="checkbox"/> Manager	Name: <u>John Anderson</u>
<input type="checkbox"/> Member	Address: <u>101 11 Burbidge St</u>	<input type="checkbox"/> Member	Address: <u>101 11 Burbidge Street</u>
<input type="checkbox"/> Authorized	<u>Coquitlam, BC V3K 7B2</u>	<input checked="" type="checkbox"/> Authorized	<u>Coquitlam BC V3K 7B2</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Kiran Rao</u>	<input type="checkbox"/> Manager	Name: <u>David Smith</u>
<input type="checkbox"/> Member	Address: <u>101 11 Burbidge Street</u>	<input type="checkbox"/> Member	Address: <u>15345 Fairfield Ranch Road Suite 115</u>
<input checked="" type="checkbox"/> Authorized	<u>Coquitlam, BC V3K 7B2</u>	<input checked="" type="checkbox"/> Authorized	<u>Chino Hill, CA 91709</u>
Person	_____	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	_____	<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.

*KSR*

SignNow e-signature ID: ce2607bcbf  
12/30/2021 12:34 PM

Kiran Rao

Typed or printed name of signer

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

DAVID OPPENHEIMER AND COMPANY I, L.L.C.

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 01/02/1997.

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: 01/06/2022

UBI Number: 601 759 748

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

*Steve R Hobbs*

Steve R. Hobbs, Secretary of State

Date Issued: 01/06/2022