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K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/30/2022	•	⇔WALK IN≫
- Capital	L Ronofit Group, L L C	WALK II
ENTITY NAME Capital	Benefit Group, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXX	Plaix Copy	
	Certified Copy	
	Certificate of Status	
/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
COUNTRY OF DESTINAT	**APOSTILLE' / NOTARIAL CERTIFICATION**	
NUMBER OF CERTIFICAT	TES REQUESTED	
TOTAL OWED \$125	ACCOUNT #: 120160000072	
Please call Tina at th	be above number for any issues or concerns. Thank you so m	ach!

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Lunited Liability Company; must include "Limite	ed Enability Company," "L.L.C.," or "L.L.	(C ")
Capital Benefit Group	of Washington, LLC		
finame miavailable, enter alternate	name adopted for the purpose of transacting business in b	lorida. The alternate name must include "Limi	ated Liability Company," "L.I., C," or "L1 C ")
Washington		3.	
Clurisdiction under the law of w	hich foreign limited liability company is organized)	3. FEI	mimber, if applicable)
March 1, 2022			
	(Date first transacted business in Florida, if prior in (See sections 605 0904 & 605 0905, F.S. to determ	registration) ince penalty liability)	
15375 SE 30th Place		15375 SE 30th Place	
treet Address of Principal Office)		6. (Vailing Address)	
Bellevue, WA 98007		Bellevue, WA 98007	
			2
			0.22
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2022 MAR 31
Name:	Unisearch, Inc.	<u> </u>	O PM O
Office Address:	1990 Main Street, Suite 750-709		8: 17
	Sarasota	34236 . Florida	

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.

(Registrated agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Edwin Barker	□Manager	Name: Jonathan Hensley
□Member	Address: 15375 SE 30th Place	□Member	Address: 15375 SE 30th Place
■ Authorized	Bellevue, WA 98007	■ Authorized	Bellevue, WA 98007
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name: Lesley Elliott	□Manager	Name:
□Member	Address: 15375 SE 30th Place	□Member	Address:
■Authorized	Bellevue, WA 98007	□Authorized	
Person		Person	
Other	_	□Other	
□Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	Other	□Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	se an attachment to report more than six (6) may be added to the index when filing your ificate of existence, no more than 90 days of e law of which it is organized. (If the certific the submitted) sexecuted in accordance with section 605.0 ment to the Department of State constitutes a	Florida Department of State Id, duly authenticated by the cate is in a foreign language. 1203 (1) (b), Florida Statutes.	Annual Report form. official having custody of records in th , a translation of the certificate under or I am aware that any false information

Typed or printed name of signer



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

CAPITAL BENEFIT GROUP, 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 12/06/2017.

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: 03/30/2022 UBI Number:

ten R Hobbie

604 198 087

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: 03/30/2022