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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future or annual report mailings. Enter only one email address please.

Email Address:

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Foreign Limited Liability Company The Spur Group, LLC

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. THE SPUR GROUP, LI (Name of Foreign I	LC <u>Limited Fiability Company; must include "Limited</u>	Liability Cor	mpsiny," "L.L.C.," or "L.C.")	<u> </u>
Hi name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fle	orstha. The altern	sale name must include "Limited Liability	is Company," "L.L.C," or "U.C.")
WA 2. (Imissliction under the law of wh	high foreign limited hability company is organized)	3	(FI.I number, it	applicable)
Upon filing 4.	(Date first transacted business in Florida, if prior to:	egistration)		_
(See sections 605 0904 & 605 0905, F.S. to determine 3180 139th Ave, SE, Suite 300 5.		318	(0 139th Ave, SE, Suite 300	7
Bellevue, WA 98005		Bel	levue, WA 98005	IN APR
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	plable)	TO BH 1: 00
Name:	C T Corporation System			00 00
Office Address:	1200 South Pine Island Road	··-	<u> </u>	
	Plantation (Coy)		, Florida(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: & base Boll	Denise Bell, Assistant Secretary
:Keyisleted agent v signa	durc)

From; Kaity Toon

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]:

2022-04-19 11:55:27 PDT

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☑Manager	Name:	∑ Manager	Name: Christopher McCall
□Member	Address:	□Member	Address: 1323 1st Avenue N
□Authorized	North Bend, WA 98045	☐ Authorized	Seaule, WA 98109
Person		Person	
□Other	Other	_Other	
■Manager	Name: Richard Flynn	∏Manager	Name:
□Member	Address: 25116 No 47th Court	□Member	Address:
□Authorized	Redmond, WA 98503	☐ Authorized	
Person		Person	
□Other	Other	Cother	Other
□Manager	Name:	∏ Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□ 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	
Kimberly Bowens		

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

THE SPUR GROUP, LLC

1 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 07/18/2013.

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: 603 318 417



AND LANGE

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

Sten R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 03/30/2022