W122000001013

-	(Requestor's Name)			
	(Address)			
-	(Address)	_		
	(City/State/Zip/Phone #)	·		
PICK-UF	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
W22001	1047368	2064>		

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2022 MAY -5 PH 2: 51

S. FRANKLIN MAY 0 7 2022

COVER LETTER

TO:

TO:	Registration Section Division of Corporations							
SUBJECT: Best Home Products 120 Name of Limited Liability Company								
	closed "Application by Foreign Limited Liability Company ce, and check are submitted to register the above referenced							
Please	return all correspondence concerning this matter to the follo	wing:						
	Susce M. Sch Name o	of Person						
	Best Home Produ	company Company						
	10407 55 213 P	TO 22 HAY	~1					
	Kent WA 980 City/State a	53) h	- i					
	JUSAN @ Desthancon E-mail address: (to be used for	future annual report notification)	16 + 1267					
For furt	her information concerning this matter, please call:							
	Susan Schew at (Area Code Daytime Telephone Number						
	Mailing Address: Stre	eet Address:						
		gistration Section						
	•	rision of Corporations						
	Tallahassee, FL 32314 241	e Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303						
	Enclosed is a check for the following amount: Plyase make check payable to: FLORIDA DEPARTMENT S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	NT OF STATE \$155.00 Filing Fee & S160.00 Filing Fee, Certific Certified Copy of Status & Certified Co						

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 LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. (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 "L.L.C.")
2. Unradiction under the law of which foreign limited liability company is organized) 3. U6-251855 (FEI number, it applicable)
4. 3112022 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 10407 SE 218 P) 6. 10407 SE 218 P (Street Address of Principal Office) 6. (Mailing Address)
Kent, WA 9803] Kent, WA 9803]
P ?:
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Adelkis
Name: Diaz
Office Address: 16861 NW Sand Ave
Mian, Calco FC Florida 33016
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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Adelkis Daz	□Manager	Name:
□Member	Address: 16861 NW 82 AVE	□Member	Address:
□Authorized	MIAM LAKES, Fr 33016	□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	202
□Other	Other	□Other	Other
			l ""
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: 5
□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. 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.

Signature of an authorized person

Susan M. Scheid

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

BEST HOME PRODUCTS 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 05/07/2013.

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: 05/02/2022 UBI Number: 603 300 349

R Hobbie

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: 05/02/2022





April 9, 2022

SUSAN M SCHEID 10407 SE 213 PL KENT, WA 98031 US

SUBJECT: BEST HOME PRODUCTS LLC

Ref. Number: W22000047368

We have received your document for BEST HOME PRODUCTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

RECEIVED

Letter Number: 322A00008283