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To:

Division of Corporations

Fax Number : (850)617-6383 Please keep original file date

of 4/28/2022.

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 futur annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Green Vault Systems, LLC

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Corporate Filing Menu

Help

From: Kaity To

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

2022-05-06 08 00:34 PDT

Green Vault Systems L	LC	1	
(Name of Foreign	Limited Liability Company; must include "Limited	Hability Company," "L.E.C.," or "LLC.	.")
name unavailable, enter diemate i	name adopted for the purpose of transacting business in E	orida. The alternate name must melude "Launte	d Lodylity Company," "E. L.C," or "LLC,")
Washington		81-1562179	
Durisdiction under the law of w	high foreign limited liability company is organized;	(Ittu	number, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration)	
200 120= £51 51, #207		720 132nd St SW #207	
720 132nd St Sw #207		6. (Mailing (siddless)	
Everett, Washington 98204		Everett, Washington 982	2022 TAL
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		NOT an and Ma	<u> </u>
. Name and street address	ss of Florida registered agent; (P.O. Box	NOT acceptable)	<u> </u>
. Name and street addres	es of Florida registered agent: (P.O. Box	NOT acceptable)	
		NOT acceptable)	<u> </u>
Name:	C T Corporation System	33324	28 AM 8: 07
Name:	C 'F Corporation System 1200 South Pine Island Road		28 AM 8: 07
Name: Office Address: Registered agent's acceptaving been named as relesignated in this applicate comply with the provis	C T Corporation System 1200 South Pine Island Road Plantation Cnys Stance: Spistered agent and to accept service of partial in the properties of the pr	33324, Florida Zap cod process for the above stated limits registered agent and agree to a	ted liability company at the placet in this capacity. I further a
Name: Office Address: Registered agent's acceptaving been named as relesignated in this applicate comply with the provis	C T Corporation System 1200 South Pine Island Road Plantation (Cny) Stance: Egistered agent and to accept service of prince I berely accept the annointment of the corporation of th	33324, Florida Zap cod process for the above stated limits registered agent and agree to a stand complete performance of n	ted liability company at the placet in this capacity. I further a

From: Kaity Tc

Page: 4 of 5

manage Jup to six (6) total]:	*	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☑Manager	Name: Birgir Johannesson	∑ Manager	Name: Arnar Olgeirsson
□Member	Address:	$\square \text{ Member } \frac{d}{d}$	Address: 17837 Ashworth Ave N
□Authorized	Lynnwood, WA 98036	☐ Authorized	Shoreline, WA 98133
Person		Person	
Other		Other	Other
☑Manager	Name: Robert Smith	∑ Manager	Name: Eric Wylie
□Member	Address:	□Member	Address: 1817 52nd St
□Authorized	Snohomish, WA 98296	□ Authorized	Seattle, WA 98103
Person		Person	
□Other	Other	_Other	□Other
	X-		Name:
□Manager	Name:	Manager	Name.
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□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.

PA-A->		
	Signature of an authorized person	
Robert Smith		
	Typed or primed 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

GREEN VAULT SYSTEMS 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 02/01/2016.

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: 04/22/2022

UBI Number: 603 582 048



Zezzesze -

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

ten R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 04/22/2022