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S. ROBERTS MAY 0 2 2022

COVER LETTER

TO:

FA YOUNG, LLC SUBJECT:	
	Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate bove referenced foreign limited liability company to transact business in Flor
Please return all correspondence concerning this ma	atter to the following:
MELODY YOUNG	
	Name of Person
FA YOUNG, LLC	
	Firm/Company
12114 240TH STREET NE	
	Address
ARLINGTON / WA / 98223	
	City/State and Zip Code
YOUNGPROPERTIESLLC@YAI	НОО.СОМ
E-mail address:	(to be used for future annual report notification)
for further information concerning this matter, plea	ise call:
MELODY YOUNG	206 409-7122
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee. FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	unt.

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

IN COMPLIANCE WITH SECTION 005,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

F A YOUNG LLC

	name adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Limited Lia	bility Company," "L.I. C."	or "LLC"
WASHINGTON STAT		3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numbe	r. if applicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605 0004 & 605 0005, F.S. to determin	egistration [
52 COUNTRY CLUB ROAD 5.		12114 240TH STREET NE		
treet Address of Principal Office)		6. (Mailing Address)	<u></u>	
COCOA BEACH, FL		ARLINGTON, WA		
32931		98223		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2922 MAY	· ·
Name:	MELODY YOUNG		-2	1
Office Address:	52 COUNTRY CLUB ROAD		AM 9: 4) · Z
	СОСОА ВЕАСН	32931 , Florida	. <u>.</u>	
	(Cny)	(Zip code)		

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: MELODY YOUNG	□Manager	Name: CHEYANNE YOUNG				
□Member	Address: 12114 240TH STREET NE	□Member	Address: 12114 240TH STREET NE				
■Authorized	ARLINGTON, WA 98223	■Authorized	ARLINGTON, WA 98223				
Person		Person					
□Other		□Other	□Other				
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:				
□Authorized		□Authorized					
Person		Person					
□Other		□Other	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. 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 docum	nent to the Department of State constitutes a th	ird degree felony as provi	ded for in s.817.155, F.S.				

MELODY ANN YOUNG

Typed or printed name of signee



Secretary of State

1, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

F A YOUNG, 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 05/25/2004.

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: 03/14/2022 UBI Number: 602 399 076

STATE OF WASHINGTON 1889

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

to R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 03/14/2022