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S. FRANKLIN MAY 2 1 2022

COVER LETTER

TO:

Registration Section Division of Corporations

	Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.	
ease return al	I correspondence concerning this matter t	to the following:	
	John A. Kane		
		Name of Person	
	NE 105TH ORCHARDS, LLC		
		Firm/Company	
	PO Box 149		
		Address	
	Amboy, WA 98601		207
	C	Lity/State and Zip Code	2022 116 1
	jkane.epi@gmail.com		,,
	E-mail address: (to be	e used for future annual report notification)	c -
r further info	rmation concerning this matter, please ca	dl:	0 1 1 7
John 2	A. Kane	360 247-5858 r :	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:Street Address:Registration SectionRegistration Section			
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		
Tallal	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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 TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NE 105TH DUPLEX, LL	Limited Liability Company; must include "Limited C	,				
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The a	lternate name must include "Limited Liabi	lity Company," "L.L.	C." or "I.I.	,C.''ı
Washington		3.	47-5683833			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number,	il applicable)		
19 April 2021 4.						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	egistration ne penalty li) iability)			
40300 NE 169th Ave.		6.	PO Box 149			
Street Address of Principal Office)		_	(Mailing Address)	<u></u>		
Amboy, WA 98601		Ē	Amboy, WA 98601			
		-			2022 1	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT ac	cceptable)		81 74116006	-
Name:	InCorp Services, Inc.	·			9 PH 12: 1	
Office Address:	17888 67th Court North			1 -		
	Loxahatchee		33470 , Florida			
	(City)		(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.

Amber Ragland on behalf of InCorp Services, Inc.
(Registered agent's signature)

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: Title or Capacity: Name and Address: Name and Address: Jane L. Kane Name: _ John A. Kane ■Manager **■**Manager PO Box 149 PO Box 149 Address: **■**Member Address: ■ Member Amboy, WA 98601 Amboy, WA 98601 ☐ Authorized □ Authorized Person Person □ Other □Other □Other □Manager Name: □Manager Name: Address: □ Member ☐ Member Address: □ Authorized □ Authorized Person Person □Other_: □Other_____ □Other □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. 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-

Typed or printed name of signee

John A. Kane

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

NE 105TH ORCHARDS, 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 02/10/2012.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the recorder 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: 04/01/2022 = UBI Number: 603 184 912

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

the R Hobbe

STATA OF THE STATA

Steve R. Hobbs, Secretary of State

Date Issued: 04-01-2022