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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 futural annual report mailings. Enter only one email address please.\*\*

Email	Address:			<del></del>	
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## Foreign Limited Liability Company E3 Consulting Services, LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPLANCE WITH SECTION 805.0002, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			alternate usine must include "Limited Calibity				
Washington		3.	46-4771156				
(Jurisdiction under the law of which foreign limited liability company is organized)			([1] nimber (l'applicable)				
5/16/2022							
	(Date first transacted business in Florida, if prior in 1 Sec sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty	(3 liability)	_			
1180 NW Maple St 5		6 (Mailing Additive)		83			
reet Address of Principal Office)			(Mailing Address)	1022 Si.			
STE 200			STE 200	2022 HAY SLUAH			
Issaquah WA 98027			Issaquah WA 98027	20 SSE			
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u>	ассериable)	PN 12: 24 E. FL ORIDA			
Name:	C T Corporation System						
Office Address:	1200 South Pine Island Road	<u>-</u>	<del>_</del>				
	Plantation		33324 Florida	_			
	(City)		(Ap ande)				

Вy:	C.T. Corporation System Shary Medinus
•	(Registered agent's signature)

From: Lexus Wingo

DocuSign Envelope ID: 26913C5C-DCF0-49B4-8517-87415C8ECB19

8.	For initial indexing purposes, list names, title or capacity and addresses of the	primary r	nembers/managers or	persons authorized to
វានេ	nage lup to six (5) totall.			

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
ŒManager	Name: Norman Escover		Name:
	Address	□ Member	Address:
□ Authorized	STE 200	□ Authorized	STE 200
Person	Issaquah WA 98027	Person	Issaquah WA 90827
_Other		□Other	
<b>™</b> Manager	Name: Paul Plath	<b>≚</b> Manager	Name:
	Address:	⊒Member	Address:1180 NW Maple St
T Authorized	STE 200	Authorized	STE 200
Person	Issaquah WA 90827	Person	Issaquah WA 98027
□Other	Other	Other	Other
□Manager	Name:	⊒ Manager	Name:
□ Member	Address:	T.Member	Address:
□Authorized		Authorized	
Person		Person	
()ther		□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 \$817,155, F.S.

	Noin Cacorer
Si	ignature of an authorized person
Norman Escover, Manager	

o katala -

- Eliteria



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** 

## E3 CONSULTING SERVICES, 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 02/03/2014.

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.

**1 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: 05/18/2022 UBI Number: 603 372 962



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

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 05/18/2022

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