# 811300000KM

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### **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	PLACE 64, LLC						
SUBJEC		Name of Limited Liability Company					
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.					
Please ret	turn all correspondence concerning this m	patter to the following:					
	Shawn Moomey	Shawn Moomey					
	Name of Person						
PLACE 64, LLC							
		Firm/Company					
	2211 Rimland Drive Suite 124						
		Address					
	Bellingham /Washington, 98226						
		City/State and Zip Code					
	entities@place.com						
	E-mail address:	(to be used for future annual report notification)					
For turthe	er information concerning this matter, plea	ase call:					
9	Shawn Moomey	425 330-6079 at ( )					
=	Name of Contact Person						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
P	Enclosed is a check for the following amo Please make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Fili Certifi	DEPARTMENT OF STATE					

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

	name adopted for the purpose of transacting business in F	lorida, The a	ltemate name must include "Limited Liabil	lity Company," "L.L.C," or "L.L.C,")
Washington State		3		
Unrisdiction under the law of v	which foreign limited liability company is organized)		(FEI number,	( applicable)
9/1/2021				
	(Date first transacted business in Florida, if prior to	registration	)	<del></del>
	(See sections 605 0904 & 605,0905, F.S. to determ			
2211 Rimland Drive S		6	2211 Rimland Drive 124	
reet Address of Principal Office)		-	(Mailing Address)	7.5
Bellingham WA, 9822	6	I	Bellingham WA, 98226	2022 HA SECTION
	<del></del>	-		=
				-9
	•••	-	·	75 <b>3</b>
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	eceptable)	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	eceptable)	M 6: 3
	ss of Florida registered agent: (P.O. Box Registered Agent Solutions, Inc.	NOT a	eceptable)	
Name and street address Name:		NOT a	eceptable)	
Name:		NOT a	eceptable)	
	Registered Agent Solutions, Inc.	NOT a	ecceptable)	
Name:	Registered Agent Solutions, Inc.	NOT a	Priorida (Zip code)	

(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:	Name and Address:	Title or Capacity:	Name and Address:
≣Manager	Name: Ross Clawson	□Manager	Name: Shawn Moomey
⊡Member	Address: 2211 Rimland Drive Suite 124	□Member	Address: 2211 Rimland Drive Suite 124
□Authorized	Bellingham WA, 98226	<b>■</b> Authorized	Bellingham WA, 98226
Person		Person	
□Other	Other	□Other	Other
⊡Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
⊡Other	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. 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
Shawn Moomey

Typed or printed name of signee

# UNITED STATES OF AMERICA The State of Washington

## Secretary of State

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

### CERTIFICATE OF EXISTENCE

OF.

#### PLACE 64, 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 08/09/2021.

1 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: 05/03/2022

UBI Number: 604 789 166

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: 05:03/2022