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(((H22000184471 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number: I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Liberum, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$155.00 |

S. FRANKLIN MAY 2 6 2022

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COVER LETTER

| SUBJECT: | Liberum, LLC | | |
|---|---|--|--------------------------------|
| bobileer, _ | Name of Limited Liability Co | ompany | |
| The enclosed ' Existence, and | "Application by Poreign Limited Lisbility Company for Authorizat I check are submitted to register the above referenced foreign limite | ion to Transact Business in Florida," (ed liability company to transact busine | Certificate of use in Florida. |
| Please return a | all correspondence concerning this matter to the following: | | |
| | Jackie DeFilippis | | |
| | Name of Person | | |
| | InCorp Services, Inc. | | |
| | Firm/Company | | |
| . 3773 Howard Hughes Pkwy, · Suite 500S | | | |
| | Address | | 2022 |
| | Las Vegas, NV 89169-6014 | | 2022 HAY |
| | City/State and Zip Code | | 25 |
| | Documents@incorp.com | | <u> </u> |
| | E-mail address: (to be used for future annual | report notification) | AH 11: 03 |
| For further in | formation concerning this matter, please call: | • | 03 |
| Jackie DeFilipp | pis on behalf of InCorp Services, Inc. 800-246-26 | 577 | |
| | Name of Contact Person Area Code | Daytime Telephone Number | |
| Reg Div P.O | ling Address: pistration Section rision of Corporations Plant Box 6327 Registration Section The Centre of 2415 N. Monro Tallahassee, FL | orporations Tallahassee de Street, Suite 810 | |
| Picas | osed is a check for the following amount: se make check payable to: FLORIDA DEPARTMENT OF STAT 125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status | | |

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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: Liberum, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If terms organisable, organisa 2. Washington (Fill number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4, 4/18/2022 (Date first transported business in Florida, if prior to registration.)
(See sections 605,0904 & 603,0905, F.S. to determine penalty liability) 6. 17411 Snohomish Ave 17411 Snohomish Ave (Suren Address of Principal Office) Snohomish, WA 98296 Snohomish, WA 98296 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: , Florida _____ Loxahatchee

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.

Isabel Burgos on behalf of Incorp Services, Inc.

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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: Brent Carr | □Manager | Name: Danielle Carr |
| ⊞Member | Address: 17411 Snohomish Ave | ⊚ Member | Address: 17411 Snohomish Ave |
| □Authorized | Snohomish, WA 98296 | □Authorized | Snohomish, WA 98296 |
| Person | | Person | |
| Other | Other | Other | Other |
| □Manager | Name: | □Manager | Name: |
| ■ Member | Address: 17411 Snohomish Ave | □ Member | Address: |
| □ Authorized | Snohomish, WA 98296 | □Authorized | |
| Person | | Person | |
| Other | Other | □Other | 2022 HAY |
| | | | 2 |
| □Manager | Name: | □Manager | Name: |
| □Mcmber | Address: | □Member | Address: |
| □Authorized | | □Authorized | 02 |
| Person | | Person | |
| □Other | 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

Brent Carr

Typed or printed name of signed

H221W1844712



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

CERTIFICATE OF EXISTENCE

OF

LIBERUM, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws the State of Washington and that its public organic record was filed in Washington and became effective on 10/28/2009.

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: 05/24/2022 UBI Number: 602 966 238

R Hobbie



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: 05/24/2022

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