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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Email	Address:				
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Foreign Limited Liability Company Seismic Squirrel LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Washington		_{3.} 82-2661733			
(Jurisdiction under the law of w	nich füreign limited liability company is organized)	(FEI number, if applicable)			
	(Date first fransacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty liability)			
1838 25th	Ave NE	6. 1838 25th Ave NE			
et Address of Principal Office)		(Mailing Address)		Ps.3	•
Issaquah W	'A 98029	Issaquah WA 98029	Ŋ.	102 F	
			- 1	3	e e
Name and street addres	s of Florida registered agent: (P.O. Bo		SE SWITE	PM 4: 26	Î
Name:	Northwest Registered Agent LLC				
Office Address:	7901 4th St N STE 300				
	St. Petersburg	. Florida <u>33702</u>			
	O(, - O(O, O O O O O				

(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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Jay Zylstra Name: □Manager X Manager Address: □ Member ☐ Member Address: 1838 25th Ave NE ☐ Authorized □ Authorized Issaguah WA 98029 Person Person □Other_____ □Other____ □Other Other__ Name: _____ Name: □Manager □Manager Address: □Member □Member Address: ☐ Authorized □ Authorized Person Person □Other_____ □ Other □Other____ □Other □Manager Name: □ Manager □ Member Address: _____ □Member Address: ______ □ Authorized □ Authorized 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. 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. Morgan Noble

Typed or printed name of signee

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

SEISMIC SQUIRREL 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 08/29/2017.

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: 05/30/2022 UBI Number: 604 165 223

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

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 05/30/2022