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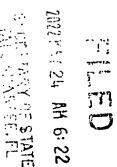
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COVER LETTER

	egistration Section ivision of Corporations	
UBJECT		
	Name	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori
lease retu	rn all correspondence concerning this matter to	o the following:
	Scott Milburn	
		Name of Person
	Advocates Law Group, PLLC	
		Firm/Company
	22525 SE 64th Pl. Suite 2276	
	· · · · · · · · · · · · · · · · · · ·	Address
	lssaquah, WA 98027	
	C	City/State and Zip Code
	smilburn@advocateslg.com	
	E-mail address: (to be	e used for future annual report notification)
or further	information concerning this matter, please cal	II:
S	Scott Milburn	206 890.0491 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
_	Tailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
Ţ	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
P	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEF \$\frac{1}{2}\$\$ \$125.00 Filing Fee \$\square\$	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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:

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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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Lucie Dufour □Manager □ Manager Name: _____ 2656 S 142nd St Address: _ ■ Member □Member Address: Seatac, WA, 98168-3842 ☐ Authorized □ Authorized Person Person ☐Other Other____ □Other____ □Other____ □Manager Name: □Manager Name: _____ □Member □Member Address: Address: □ Authorized □ Authorized Person Person □Other____ □Other □Other □Other___ □ Manager Name: _____ □Manager Name: Address: Address: □Member □Member 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. Swith Milliam Signature of an authorized person Scott Milburn

Evped or printed name of signee



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

IMMOFLO 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 01/27/2022.

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: 05/15/2022 UBI Number: 604 856 093

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

tu R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 05/15/2022