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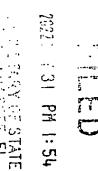
(Requestor's Name)
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Certified Copies Certificates of Status
Cassial Lastrustians to Filian Officer
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Medallion Blvd Name of Lim	ited Liability Company			
The enclosed "Application by Foreign Limited Liability Compan Existence, and check are submitted to register the above reference	y for Authorization to Transact Business in Florida," Certificate of ed foreign limited liability company to transact business in Florida.			
Please return all correspondence concerning this matter to the following	lowing:			
Jeanine Janser	of Person			
Medallion Blvd LLC Firm/Company				
17580 Gulf 9	3/ved Unit 401 ddress			
Redington Shares FL 33708 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lanine Jansen a Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: St	reet Address:			
	egistration Section			
Division of Corporations Division of Corporations				
	The Centre of Tallahassee			
	415 N. Monroe Street. Suite 810 allahassee, FL 32303			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM \$125.00 Filing Fee	ENT OF STATE 3 \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy			

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "Ll.C.")
2. Washing to State (Jurisdiction under the law of which foreign limited liability company is organized) 3. 88-2354094 (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1407 8th Ave S Street Address of Principal Office) 6. 1407 8th Ave S (Mailing Address)
Edmonds, WA 98020 Edmonds, WA 98020
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jeanine Janson The street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: <u>Jeanine Janson</u> 75
Office Address: 17580 Gulf Blud Unit 401
Redinstan Shores . Florida 33708
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.

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: Jeanine Jansen	□Manager	Name:	
Member	Address: 17580 Gulf Blud	□Member	Address:	
□Authorized	Unit 401	□Authorized		
Person	Redington Shores FL Other 33708	Person		
□Other	33.70.8	□Other		□Other
□Manager	Name: Arthur Varela	□Manager	Name:	
⊠ Member	Address: 17580 Gulf Blud	□Member	Address:	
□Authorized	Unit Hol	□Authorized		
Person	Redington Shores FL	Person		
Other	BOther	Other		Other
□Manager	Name:	□Manager	Name:	
□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. 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.

Jeanine Jan Sch Typed 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

MEDALLION BLVD 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 05/20/2022.

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.

1 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: 05/25/2022

- 32.20

UBI Number: 604 927 017

Given under my hand and the Seal of the State

of Washington at Olympia, the State Capital

Atten R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 05/25/2022