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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Immojax, LLC					
3000000	Name of Limited Liability Company					
	"Application by Foreign Limited Liability of check are submitted to register the above					
Please return	all correspondence concerning this matter to	o the following:				
	Scott Milburn					
	Name of Person					
	Advocates Law Group, PLLC					
	Firm/Company					
	22525 SE 64th PI, Suite 2276					
	Address					
	Issaquah, WA 98027					
	City/State and Zip Code					
	smilburn@advocateslg.com					
	E-mail address: (to be	used for future annual	report notification)			
For further in	nformation concerning this matter, please cal	11:				
Sco	ott Milburn	206 at (890.0491			
	Name of Contact Person	Area Code	Daytime Telephone Nu	ımber		
Mailing Address: Registration Section Division of Corporations.		Street Address: Registration Se Division of Co				
P.C	D. Box 6327	The Centre of Tallahassee				
Та	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Fili	ing Fee & 🔲 \$160.00 Fili	ng Fee, Certificate s & 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Immojax, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") Immojax Properties, 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 "L.L.C." (Jurisdiction under the law of which foreign limited liability company is organized) (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) 2656 S 142nd St 5. (Street Address of Principal Office) Seatac, WA, 98168-3842 Seatac, WA. 98168-3842 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Sunshine Corporate Filings LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.

(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: Title or Capacity: Name and Address: Title or Capacity: Lucie Dufour Name: _ Name: _____ □Manager □Manager Address: 2656 S 142nd St Address: □Member **Member** Seatac, WA, 98168-3842 □ Authorized ☐ Authorized Person Person □Other____ □Other____ □Other____ □ Other ______ ☐Manager Name: _____ Name: ______ Manager ☐ Member Address: Address: □Member ☐ Authorized □ Authorized Person Person □Other____ □ Other_____ □Other _ □Other ____ Name: ______ Name: _____ □Manager □Manager 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. 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 felopy as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Scott Milburn

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

IMMOJAX 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 03/26/2022.

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: 604 889 759

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

the R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 05/15/2022

