M22000011218

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
Special Instructions to Filing Officer:					
W23000047974					
Office Use Only					



07/19/22--01010--018 ++638.75

03/21/22--01029--016 ++125.00



JUL 1 9 2022 K. Brumbley



March 17, 2022

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Dover, DE 19901

Re: Application by Foreign LLC for Authorization to Transact Business in FLorida Entity: Vulcan LLC (fka Vulcan Inc. F21000005584)

. . .

To Whom It May Concern:

Enclosed please find the completed and fully executed (by way of digital signature) original Application by Foreign LLC for Authorization to Transact Business in Florida for Vulcan LLC, a Washington Limited Liability Company.

Vulcan Inc. was originally registered to do business in Florida as Vulcan Professional Services Inc., Registration No. F21000005584. This registration was cancelled in order to reapply as LLC.

VULCAN.COM

I am enclosing a Certificate of Existence as well as Check no. 00015776 in the amount of \$125.

Please contact me should there be any further information I need to provide to complete the conversion of our registration in FL from a corporation to an LLC.

Sincerely,

Spillian pry

Gillianne Beyer Sr. Manager, Legal Affairs & Contract Administration

505 Fitth Ave S Suite 900 Seattle, WA 98104

> 206 342 2000 Tel 206 342 3000 Fax

COVER LETTER

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TO: **Registration Section Division of Corporations**

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Vulcan LLC

SUBJECT: _____

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Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

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Gillianne Beyer			
	Name of Person		
Vulcan LLC			
	Firm/Company		
505 5th Ave S., Ste. 900			
	Address		
Seattle, WA 98104			
••••••••••••••••••••••••••••••••••••••	City/State and Zip Code		
gillianneb@vulcan.com			
E-mail address: (to	be used for future annual report notification)		
er information concerning this matter, please	call:		
Gillianne Beyer	206 499-8307 at ()		
Name of Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
Tananassee, FL 52514	Tallahassee, FL 32303		
Enclosed is a check for the following amoun			
Please make check payable to: FLORIDA E			
÷ •	Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee. te of Status Certified Copy of Status & Cer		

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:

- Vulcan LLC

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ulcan Professional Servi	ces LLC				
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fle	orida. The alternate name m	nust include "Limited Liabili	ty Company," "L.L C," or "LI	
Washington		91-15052			
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)			
September 1, 2021					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)		_	
505 5th Ave S., Ste. 900			e S., Ste. 900		
reet Address of Principal Office)		6(Mailing	Address)		
Seattle, WA 98104		Seattle, WA	A 98104		
		<u> </u>			
- ,,					
Name and street addres	s of Florida registered agent: (P.O. Box	NOT_acceptable)		202	
				2022 HAR	
Name:	C T Corporation System			IR 2	
ivanic.	· <u></u>			· -	
Office Address:	1200 South Pine Island Road			PH	
				- -	
	Plantation		33324 orida	02	

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.

Sandra Zwijack, Assistant Scoretary —E3428608C395417 (Registered agent's signature)

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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: Jo Lynn Allen, Executor of Estate	■ Manager	Name: MIE Management LLC
≣ Member	Address:	□Member	Address: 505 5th Ave S., Ste. 900
Authorized	505 5th Ave S., Ste. 900	Authorized	Seattle, WA 98104
Person	Scattle, WA 98104	Person	
Other	Other	DOther	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
Other	Other	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.

- DocuSigned by. Alison G. Iney -----

Signature of an authorized person

Alison G. Ivey, VP of Manager

Typed or printed name of signee



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

CERTIFICATE OF EXISTENCE

OF

VULCAN 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 01/08/1991.

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: 02/28/2022 UBI Number: 601 292 752



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

~ R Hohle

Steve R. Hobbs, Secretary of State

Date Issued 02/28/2022

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