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COVER LETTER

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TO: Registration Section Division of Corporations

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W REAL 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 o 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:

		Name of Person	
McNatt L	w Firm, P.A.		
		Firm/Company	
9131 Lake	: Coventry Court		
		Address	
Gotha, Fle	orida 34734		
		ity/State and Zip Code	·
	C	iny state and hip Code	
houwenzhol	C u6412@gmail.com	ny state and zip Code	
houwenzhoi	u6412@gmail.com	e used for future annual i	report notification)
	u6412@gmail.com E-mail address: (to be	e used for future annual i	report notification)
er information cone	u6412@gmail.com	e used for future annual i	
	u6412@gmail.com E-mail address: (to be	e used for future annual t II: -407	report notification) 354-5730
er information cone Michael McNatt	u6412@gmail.com E-mail address: (to be	e used for future annual i	354-5730
er information cone Michael McNatt	u6412@gmail.com E-mail address: (to be cerning this matter, please ca	e used for future annual r II: at (Area Code <u>Street Address:</u>	354-5730) Daytime Telephone Numbe
er information cone Michael McNau Na	u6412@gmail.com E-mail address: (to be eerning this matter, please ca ame of Contact Person	e used for future annual i II: at (Area Code <u>Street Address:</u> Registration Se	354-5730) Daytime Telephone Numbe ction
ner information cone Michael McNatt Nailing Address:	u6412@gmail.com E-mail address: (to be eerning this matter, please ca ame of Contact Person tion	e used for future annual f II: at (Area Code <u>Street Address:</u> Registration Se Division of Co	354-5730) Daytime Telephone Numbe ction rporations
ner information cone Michael McNatt <u>Mailing Address:</u> Registration Sec	u6412@gmail.com E-mail address: (to be eerning this matter, please ca ame of Contact Person tion	e used for future annual i II: at (Area Code <u>Street Address:</u> Registration Se	354-5730) Daytime Telephone Numbe ction rporations
ner information cone Michael McNatt Nation Sec Mailing Address: Registration Sec Division of Corp	u6412@gmail.com E-mail address: (to be eening this matter, please ca ame of Contact Person tion porations	e used for future annual i II: at (354-5730) Daytime Telephone Numbe ction rporations

Certificate of Status Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

W REAL LLC

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Vashington	A pplied for 3(FEI number; if applicable)		
(American under the law of which Energy leasted linksby company is organized)	(FE) number, il applicable)		
(Data first stantanteel baninciae in Floride, il prior to (San anchean: 603 0904 & 605 6903, F.3 to determ	mgiserance,) net presity heb-lary;		
1922 145th Ave SE	1922 145th Ave SE 6.		
en Address of Principal Office)	6(MeZing Address)		
Bellevue, WA 98007	Bellevue, WA 98007		

Name:	Houwen Zhou	
Office Address	4552 Whimbrel Place	_
	Winter Park	32792 , Florida
	(Cay)	(7ap code)

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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 kereby 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.

Nour -u

Title or Canacity:	Name and Address:	Title or Capacity	. 4	Name and Address:
Manager	Name:	□Manager	Name:	
(]Member	Address:	Member	Address:	
Authorized	Bellevue WA 98007	Authorized		
Person		Person		
EOther	Qther	DOther	i	0 0 ther
Manager	Name:	O Manager	Name:	
Member	Address:	Member	Address:	
Authorized	·····-	Authorized	_	<u> </u>
Person		Person	.	
Other	Other	Other		Other
⊡Manager	Name:		Name:	<u></u>
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person	··	
Other	Other	Other		0.0 ther

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]:

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.

How Thou

Houwen Zhou

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Typed or proceed nestic of signer



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

CERTIFICATE OF EXISTENCE

OF

W REAL 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 02/10/2020.

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: 06/06/2022 UBI Number: 604 583 707



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

the R Hohle

Steve R. Hobbs, Secretary of State Date Issued: 06/06/2022