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T. LEMIEUX

Incorporating Services, Ltd.

1540 Glénway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 7/28/2022

PRIORITY F

Regular Approval

OUR REF # (Order ID#) 1058986

ORDER ENTITY

BINA ELLEFSEN COUNSELING PLLC

PLEASE PERFORM THE FOLLOWING SERVICES: BINA ELLEFSEN COUNSELING PLLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, July 28, 2022 Page Lof L

COVER LETTER

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TO:

NECT	Bina Ellefsen Counseling PLLC				
BJECT: Name of Limited Liability Company					
	lity Company for Authorization to Transact Business in Florida," Certif ove referenced foreign limited liability company to transact business in				
ise return all correspondence concerning this matt	ter to the following:				
	Corporate Paralegal				
	Name of Person				
	Ellis, Li & McKinstry PLLC				
	Firm/Company				
1700 7th Avenue, Suite 1810					
	Address				
	Seattle, WA 98101-1820				
	City/State and Zip Code				
E-mail address: tt	info@elmlaw.com o be used for future annual report notification)				
further information concerning this matter, please	,				
Bina Ellefsen	at (206) 705-3002				
Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	nt:				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Bina Ellefso	en Counseling PLLC					
	(Name of Foreign	limited Liability Company; must include "Limited	Hiability C	ompany," "L.L.C.," or "LLC			_
	Bina Ellefs	en Counseling LLC					
III name u	mavuilable, enter alternate n	ame adopted for the purpose of transacting business in Fi	orida. The alte	mate name must include "Limited Ital	bility Company,"	1. I. C," o	erillici
2	W	ashington sich foreign limited hability company is organized)	3	(FEI numbe)	. iZamilin dil		
()uii	stretten dades the law of wa	men roreign innaed automes company is regamized)		(CE) Humbe	i, ii appiieatiie i		
4							
·		Date first transacted business in Florida, if prior to (See sections 605 0004 & 605 0005, F.S. to determ	registration) ne penalty hab	odnýs			
5	108 S Jackso	on St	6.	74 High Oaks PI			
(Street Ad	dress of Principal Office)			(Mailing Address)	01/2	20,	
	Seattle, WA 9	08104		St. Johns, FL 32259	- :	2022 JL	
		,			51 5	M 28	
			_		<u> </u>		
7. Nan	ne and <u>street addres</u>	s of Florida registered agent: (P.O. Box	<u>NOT</u> acc	reptable)	Y STA	AM IB: 40	<u></u>
	Name:	Registered Agent Solutions, Inc.			9,	6	
	Office Address;	155 Office Plaza Dr., Suite A					
		Tallahassee		32301 , Florida			
		(City)		(Zip code)			

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:	
□Manager	Name: Bina Ellefsen	□Маладег	Name:		
⊠ Member	Address: 74 High Oaks Pl, St. Johns, FL 32259	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
Other	Other	□Other		Other	
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member			
□Authorized		□Authorized		····	
Person		Person			
□Other	Other	Other		Other	
□Manager	Name:	□Manager	Name:		
☐ Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person		<u>-</u> .—	
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.

Signature of an authorized person

Bina Ellefsen



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

BINA ELLEFSEN COUNSELING PLLC

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 07/15/2021.

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: 07/28/2022 UBI Number: 604 774 195

R Hobbie

STATE OF WASHING TO THE STATE OF THE STATE O

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

Steve R. Hobbs, Secretary of State

Date Issued: 07/28/2022