

Forei	gn Limited Liabili ABAM Services.	•
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S. FRANKLIN

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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 IJABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FUORIDA:

ABAM SERVICES, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "FLC.")
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Washington	3.	86-2249877	
(Jurisdiction nucler the law of which foreign limited liability company is organized)	(EEI number, if applicable)		
			202
(Date first transacted business in Florida, if prior to) (See sections 605,0001 & 605.0905, F.5. to determi	registration ne penalty	a) hability)	2021 1:5
19217 36TH AVE W, SUITE 210	6.	19217 36TH AVE W, SUITE 210	1
reet Address of Principal Office)		(Mailing Address)	
LYNNWOOD, WA, 98036-5751		LYNNWOOD, WA, 98036-5751	NI IO

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation	33324 , Florida		
	(Cuy)	(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.

C T Corporation System	
By: Richel Comme Registered agent's signature	Rachel O'Connor - Assistant secretary
CUMU Control Registered agent's signature	:)

To:

Name and Address:

□Other____

Title or Capacity: Name and Address: Title or Capacity: Name: _____ PAUL BURKE Name: _ ∃ Manager Manager Address: Address: □Member E Member 19217 36TH AVE W, SUITE 210 19217 36TH AVE W, SUITE 210 \Box Authorized □Authorized LYNNWOOD, WA, 98036 LYNNWOOD, WA, 98036 Person Person □Other____ ⊡Other____ □Other_____]Other_____ Name: Name: _____ 🗌 Manager ⊡Manager **∃** Member Address: _____ □ Member Address: _____ **E**Authorized □ Authorized Person Person ∃Other____ □Other___ □Other_____ Cother_____ = ö Name: Name: _____ Manager □ Manager ⊟ Member Address: □ Member Address: Authorized □ Authorized Person Person

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.

Leb Shahari

COther_____

Stanature of an authorized person

Ihab Shahawi

Typed or printed name of signes

□ Other

Τn

- Distant





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