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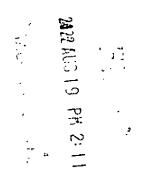
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. ROBERTS AUG 19 2022

COVER LETTER

	stration Section ion of Corporations	
CIT CID THE COURT	CommandLink, LLC	
_		e of Limited Liability Company
The enclosed " Existence, and	'Application by Foreign Limited Liability (check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return a	all correspondence concerning this matter to	o the following:
	Karen Hyde	
		Name of Person
	The Commpliance Group	
		Firm/Company
	1430 Spring Hill Rd Ste 315	
		Address
	Mclean, VA 22102	
	C	ity/State and Zip Code
	kmh@commpliancegroup.com	
	E-mail address: (to be	used for future annual report notification)
For further info	ormation concerning this matter, please cal	n:
Kare	n Hyde	at () 714-1306 Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Regi Divis	ng Address: stration Section sion of Corporations	Street Address: Registration Section Division of Corporations
	Box 6327 hassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

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 HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CommandLink, LLC							
(Name of Foreign	Limited Liability Company; must include "Limited	Liabilit	y Compa	ny," "L.L.C.," or "LL.C.")			
If name upavailable, enter alternate r	ame adopted for the purpose of transacting business in Fle	arida The	alternate	name must updade "Limited Link	rilatu Como ano "	"I I C " or "I	1.0.75
Washington	and adopted to the purpose of transacting desiress in the		4542-	11187		L.L.C. Di i.	1.1
(Jurisdiction under the law of w	(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
4							
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration ne penalty	n.) hability)				
3019 W Marine View 3	Dr	6.		ox 1246			
5. Street Address of Principal Office)		٠.	430	failing Address)			
Everett, WA 98201			Everet	t, WA 98206		- 3	
						202 AUS	· ;
7. Name and street addres	s of Florida registered agent: (P,O, Box	NOT :	acceptai	ble)	,	19	
Name:	Cogency Global				*	PH 2: 1	
Office Address:	115 North Calhoun Street, Suite 4						
	Tallahassee			, Florida Zip code)			
	(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.

/s/ Michael Carlisle	

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: Name: _ Keith R Grey Name: ___ Jason R Ness ■Manager ■ Manager Address: PO Box 1246 Address: PO Box 1246 □Member □Member Everett, WA 98206 Everett, WA 98206 □ Authorized □ Authorized Person Person □Other__ □Other_ □Other □Other____ □Manager Name: □Manager Name: □Member Address: _______ ☐ Member Address: □ Authorized ☐ Authorized

Person

□Manager

□Member

☐ Authorized

Person

□Other

Other_____

□Other

□Other___

Name: _____

Address:

Person

□Other

□Manager

□Member

□ Authorized

Person

□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.	

□Other____

□Other____

Address:

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.

Meu	lde, d	
	Signature of an authorized person	
Wendy Ness		
	Typed or printed name of signee	

The State of Washington

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.

COMMANDLINK, 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 01/12/2012.

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: 08/11/2022 UBI Number: 603 172 731



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

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 08/11/2022