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K. SALY OCT 17 2022

# Sunshine State Corporate Compliance Company

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	**APOSTILLE' / NOTARIAL CERTIFICATION**
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NUMBER OF CERTIFICAT	TES REQUESTED
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October 13, 2022

SUNSINE STATE CORPORATE COMPLIANCE COMPANY

CORRECTED
Please Allow For
Same File Date

SUBJECT: SIGNPOST HOMES, LLC.

Ref. Number: W22000129685

We have received your document for SIGNPOST HOMES, LLC. and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

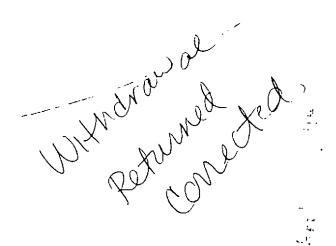
The file 1st withdrawal was returned for corrections. Please resubmit along with the corrected withdrawal.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 622A00023019



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

IN COMPLIANCE WITH SECTION (05/00)2, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE SECTE OF FLORIDA:

(Name of Foreign	Lunned Liability Company, must include "Limited I	Jubility Company," 'I. I.,	C." or "U C."\				
	·	, , , ,	, , , , , ,				
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	<del></del>		·-·			
	to the suspect to the purpose of transacting business in Flori		include "Lumited Liability (	Company," "L.L.C," or "LLC,")			
Washington 2.		35-2603128					
(Jurisdiction under the law of s	which foreign limited liability company is organized)	•••	(FI,I number, if ap	pplicable)			
4							
	(Date first transacted business in Florida, if prior to re- (See sections 603 0004 & 603 0005, F.S. to determine	istration,) penalty liability)		-			
1301 Second Ave		1301 Second 2	1301 Second Ave				
5. (Street Address of Principal Office)	Street Address of Principal (Office)		6. (Mailing Address)				
Floor 31							
		Floor 31					
Scattle, WA 98101		C at My ones					
Scattle, WA 96101		Scattle, WA 98101					
				2022 OCT 12 PM 1: 09			
<ol><li>Name and <u>street addres</u></li></ol>	<u>ss</u> of Florida registered agent: (P.O. Box) 2	OT acceptable)		נון מ פיי	-		
				至	_		
Numer	United Agent Group Inc.			12 48:	1		
Name:	<del>-</del>	<del></del>			ſ		
Office Address:	801 US Highway 1				•		
Office Address:		<del></del>		M Is 09			
	North Palm Beach		33408	100			
	(City)	. Florida	(Zip code)	·			
Dook to and an anti-	A						
Registered agent's accep Having been named as re	vance: gistered agent and to accept service of pro	cess for the above st	tated limited liabili	ity commony at the place			
designated in this applica	tion, I hereby accept the appointment as r	egistered agent and a	agree to act in this	s canacity. I further agree	?ť		
to comply with the provisi and accept the obligation	ions of all statutes relative to the proper ar s of my position as registered agent.	id complete perform	unce of my duties,	, and I am familiar with			
	The A.						
	MARIA	Adia Myles, Specia	Secretary				
	(Registered agent's sign						

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	Œ	Name and Address:	
<b>⊞</b> Manager	Name: Zitlow, Inc.	LJManager	Name:		
LIMember	Address: 1301 Second Ave, Floor 31	ElMember	Address:		
UAuthorized	Seattle, WA 98101	Authorized			
Person		Person			
L]Other	L'Other	iOther		[::Other	
∐Manager	Name:	∐Manager	Name:	2822 OCT 1/2	U
Member	Address:	LiMember	Address:		_
□Authorized		1   Authorized		V (	ς
Person		Person			"
∐Other	LiOther	L:Other	<del></del>		
∐Manager	Name:	[2Manager	Name:		
Member	Address:	LiMember	Address:		
E/Authorized		<u>U</u> Authorized	<del></del>		
Person		Person			
_Other	[_]Other	LIOther		LJOther	

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.

Adia Myles, Attorney-in-Fact

Typed or printed name of signed



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** 

#### SIGNPOST HOMES, LLC



- 3733

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 07/27/2017.

**1 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.

1 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: 10/12/2022 UBI Number: 604 150 746



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

the R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 10/12/2022