M220006899

	(Requestor's Name)	-
		<u> </u>
	(Address)	
	.	<u> </u>
	(Address)	
	(City/State/Zip/Phone #)	
	(City/State/Zip/Filone #)	
PICK-UP	WAIT	MAIL
		
	(Business Entity Name)	
	• •	
	(Document Number)	
Certified Copies	Certificates of S	atus
Special Instructions to	Filing Officer:	
'	·	

Office Use Only



900396714679

2022 NOV - 4 AMIT: 26

FILED

2822 NOY -4 PM 3: 39

T. LEMIEUX NOV 07 2022

Ċ.

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

OCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
(XXXXX	Plain-Copy
	Certified Copy
	Certificate of Status
,	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
OUNTRY OF DESTINA	TION
IUMBER OF CERTIFICA	
	00 ACCOUNT # 120160000072 4:)

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alte	rnate name must include "Limited Liability	Company," "L.L.C." or "LLC.")
WASHINGTON				
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3	(FEI number, if a	pplicable)
UPON FILING				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to detern	registration.)		_
25115 SW PARKWA		6. <u></u>	115 SW PARKWAY	
eet Address of Principal Office)		· <u> </u>	(Mailing Address)	
WILSONVILLE, OR	97070	W	/ILSONVILLE, OR 97070	
		_	<u> </u>	
			√ 0	? . ?≥ •
		NOT	. 11 .	1 2 1
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Bo:	NOT acc	eptable)	EILED
			eptable)	FILED AMIL: 26
Name:	NRAI SERVICES, INC.		33324	2022 NON -4 AMIL: 26
Name:	NRAI SERVICES, INC. 7700 E ARAPAHOE RD, SUITE 190			FILED AMIL: 26

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: RICK DILLON ■ Manager □Manager Name: 25115 SW PARKWAY, STE B ☐ Member □ Member Address: WILSONVILLE, OR 97070 ☐ Authorized ☐ Authorized Person Person □Other____ □Other □Other___ □Other____ Name: RICK MILLER ■ Manager □Manager Address: 25115 SW PARKWAY, STE B []Member □Member Address: WILSONVILLE, OR 97070 □ Authorized □ Authorized Person Person □Other_____ □Other □Other_ □Other____ □Manager Name: ______ □Manager Address: □Member Address: ______ □Member □ Authorized ☐ Authorized Person Person □Other___ □Other____ Other____ □Other____ 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. cormne games

Signature of an authorized person

Typed or printed name of signee

CORINNE GAMES- AUTHORIZED PERSON



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

ST. FRANCIS OPERATIONS, 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 05/09/2006.

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.

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: 11/03/2022 UBI Number: 602 613 345



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

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 11/03/2022