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(Requestor's Name)					
(Address)					
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(City/State/Zip/P	hone #)				
PICK-UP WAIT	. MAIL				
(Business Entity	Name)				
(Document Number)					
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COVER LETTER

<u>:</u> ...

TO:	Registration Section Division of Corporations	•				
ca (b.)	PACIFIC NORTHWEST TOWERS LLC	·				
SOBI	SUBJECT:Name of Limited Liability Company					
The ex Existe	nclosed "Application by Foreign Limited Liability Conce, and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida." Certificate of eferenced foreign limited hability company to transact business in Florida				
Picaso	return all correspondence concerning this matter to	the following:				
	Sasa Pavosevic					
		Name of Person				
	Firm/Company					
	5433 Oak Terrace Dr					
	Address					
	Orlando FL 32839 City/State and Zip Code					
	sasa_p3@hotmail.com					
	E-mail address: (to be	used for future annual report notification)				
For fi	For further information concerning this matter, please call:					
	Sasa Pavosevic	407 340-5579 at () Area Code Daytime Telephone Number				
Name of Contact Person		Area Code Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 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 S125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & } \sum \text{S155.00 Filing Fee & } \sum \text{S160.00 Filing Fee, C} Certificate of Status & Certified Copy of Status & Certi						

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

IN COMPLIANCE WITH SECTION (0)5,0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED TLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PACIFIC NORTHWEST TOWERS LLC (Name of Foreign Lumited Liability Company) must include "Limited L		
raine in readable, enter alternate name adopted for the purpose of transacting business in Flori	da. The alternate name must include "I imited I	ability Company," "UTA" for "ITA
	82-3085353	
Washington Harisdiction under the law of which foreign limited namely company is organized)	3 (EE) nomb	ser it malicable)
Hurisdiction under the law of which foreign limited mailing company is organized	1177	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Date first transacted business in Florida, if proof to be (See sections 605 0804 to 605 0802, U.S. to determine	gistration) ponalty liability	
4710 176th Ave E	4710 176th Ave E	
reet Address of Principal (Olike)	(Mailing Address)	
Lake Tapps, WA 98391	Lake Tapps, WA 98391	
Name and street address of Florida registered agent: (P.O. Box	NOT accomplish	#027 835
. Name and street address of Florida registered agent. (F.3.). Box	1507 need Market	
Name: SASA PAVOSEVIC		0
Office Address: 5433 OAK TERRACE T	DP.	
		_

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 existered agent.

Registered agent is 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: Robert A Young Jr	□Manager	Name: Kevin M Medina
■Member	Address: 28313 SE 432nd St	■Member	Address: 4710 176th Ave E
□Authorized	Enumciaw, WA 98022	□Authorized	Lake Tapps, WA 98391
Person		Person	-
Other	Other	□ Other	Other!
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	Other	Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus	se an attachment to report more than six (6), may be added to the index when filing your ificate of existence, no more than 90 days old law of which it is organized. (If the certificate be submitted)	Florida Department of State d. duly authenticated by the tate is in a foreign language.	Annual Report form. official having custody of records in the a translation of the certificate under oath
submitted in a docur	nent to the Department of State constitutes a	third degree felony as provi	ded for in s.817.155, F.S.

Typed or printed name of signee



Secretary of State

1, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PACIFIC NORTHWEST TOWERS 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 10/13/2017.

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: 10/05/2022 UBI Number: 604 182 500

STATE OF STA

MONGENIA .

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

LR Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 10.05/2022