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| | (Business Entity Name) |
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| Certified Copies | Certificates of Status |
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| Special Instructions to | Filing Officer |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|-------------------|---|---|-------------------------------------|--|--|--|
| | TDY RENTALS LLC | | | | | |
| SUBJI | ECT: Nan | ne of Limited Liability Company | | | | |
| The en Exister | iclosed "Application by Foreign Limited Liability nee, and check are submitted to register the above | Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business. | " Certificate of ness in Florida | | | |
| Please | return all correspondence concerning this matter | to the following: | | | | |
| | Nicholas Paquette | | | | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Person | | | | |
| | Foley & Lardner LLP | | | | | |
| | Pirm/Company | | | | | |
| | 106 E College Ave, STE 900 | | J. J. L. d. 5 | | | |
| | Address | | | | | |
| | Tallahassee, FL 32301 | | ۔۔ | | | |
| | | City/State and Zip Code | | | | |
| | npaquette@foley.com | | | | | |
| | E-mail address: (to b | pe used for future annual report notification) | | | | |
| For fu | rther information concerning this matter, please co | all: | | | | |
| | Nicholas Paquette | 850 5133365 | | | | |
| | Name of Contact Person | at () Area Code Daytime Telephone Number | , | | | |
| Mailing Address: | | Street Address: | | | | |
| | Registration Section | Registration Section | | | | |
| | Division of Corporations | Division of Corporations | | | | |
| | P.O. Box 6327 | The Centre of Tallahassee | | | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303 | | | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F | | | | | |

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:

| 1. TDY Rentals LLC | | | | | |
|--|--|-----------------------------------|--|-------------|--|
| (Name of Foreign | Limited Liability Company; must include "Limite | d Liability (| ompany," "L.I. C.," or "LLC.") | | |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in F | lorida The alt | ernate name must include "Limited Liability Co | | |
| Washington | | | 4-1896675 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | _ ۰۰ _ | 3. (FEI number, if applicable) | | |
| December 7, 2022 4. | | | | | |
| + <u></u> | (Date first transacted business in Florida, if prior to 1See sections 605 0904 & 605,0905, F.S. to determ | registration.) inc penalty lia | bility) | | |
| 607 N L Street Unit 2 | | | 07 N L Street Unite 2 | | |
| (Street Address of Principal Office) | | | (Mailing Address) | | |
| Tacoma, WA 98403 | | J. | acoma, WA 98403 | | |
| | | | | | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box | – NOT ac | ceptable) | 1 | |
| | | | • | | |
| Name: | Nicholas Paquette | | | , Q. S | |
| Office Address: | 106 E. College Ave, STE 900 | | | | |
| | Tallahassee | | 32301 , Florida | | |
| | (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.

and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage lun to six (6) totall:

| Title or Capacity: | Name and Address: | Title or Capacit | <u>y:</u> | Name and Address: |
|--------------------|-----------------------------|------------------|-------------|--|
|]Manager | Name: Stephen J Buchanan II | □Manager | Name: | |
| Member | Address: 607 N L St | □Member | Address: | |
|]Authorized | Unit 2 | □Authorized | | |
| Person | Tacoma, Wa 98403 | Person | | |
| □Other | Other | □Other | | □Other |
| ∃Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
|]Authorized | <u> </u> | □Authorized | | 77. |
| Person | | Person | | |
| Other | □Other | Other | | \square Other $\underline{\hspace{1cm}}$ |
| ∃Manager | Name: | □Manager | Name: | |
| ∃Member | Address: | □Member | | |
|]Authorized | | □Authorized | | |
| Person | | Person | | |
| □Other | | □Other | | □Other |

- 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.

rignouse of an authorized person Stephen J Buchanan H 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

TDY RENTALS 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 05/16/2022.

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: 12/06/2022 UBI Number: 604 922 228

STATE OF STA

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

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 12/06/2022