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(Re	equestor's Name)	-
(Ac	ddress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

10:	Division of Corporations	``	
SUBJE	White Peak, LLC		
30131	.01.	Name of Limited Liability Company	•
The en- Existen	closed "Application by Foreign L nee, and check are submitted to re	mited Liability Company for Authorization to Transact Business in Florida, gister the above referenced foreign limited liability company to transact busi	" Certificate of ness in Florida.
Please	return all correspondence concern	ing this matter to the following:	
	Andrew Khilyuk		
		Name of Person	
	White Peak, LLC		
		Firm/Company	
	PO BOX 740137		
		Address	. <u>^</u>
	Boynton Beach, FL 33	474	AON 8802
		City/State and Zip Code	Y 200
	drew@whitepeaktinanc	al.com	
	E-ma	l address: (to be used for future annual report notification)	
For fur	ther information concerning this n	natter, please call:	# 1:30
	Andrew Khilyuk	206 877-4400 at ()	0
	Name of Conta		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
		wing amount: FLORIDA DEPARTMENT OF STATE 30.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy of Status & Cert	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ADMITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. White Peak, LLC (Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
White Peak I	Financial LLC		
H'name imavailable, enter alternate	name adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limited Liabili	ity Company." "L. L.C." or "L.(C ")
Washington State		26-4139704	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, i	(applicable)
No business transacted	l in FL		
·	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration) penalty liability)	_
8907 159th Ct N		PO BOX 740137	
street Address of Principal Office)	<u> </u>	(Mailing Address)	
Palm Beach Gardens, I	FL 33418	Boynton Beach, FL 33474	2022
			2022 MOY 14
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	4 PH 1:
Name:	Andrew Khilyuk		30
Office Address:	8907 159th Ct N		
	Palm Beach Gardens	33418 Florida	
	(City)	(Zip code)	_

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.

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and	Address	<u>::</u>
□Manager	Name: Andrew Khilyuk	□Manager	Name:			
■Member	Address: 9013 Stone Pier Dr	□Member	Address:			
□Authorized	Boynton Beach, FL 33472	□Authorized		_		
Person		Person				
□Other	□Other	□Other	_ 	□Other		
□Manager	Name:	□Manager	Name:			
□Member	Address:	□Member	Address:	·		
□Authorized		□Authorized		<u> </u>		<u>.</u>
Person		Person			<u>: - </u>	_2
□Other	Other	□Other		□Other		2022 MO
					1,435.	4
☐ Manager	Name:	□Manager				<u></u>
□Member	Address:	□Member	Address:		300 300	:: မ
□Authorized		□Authorized				
Person		Person	 	· -		
□Other	□Other	□Other		□Other		
indexed individuals 9. Attached is a cert	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 of e law of which it is organized. (If the certificate submitted)	Florida Department of St d. duly authenticated by t	ate Annual Rep he official havi:	ort form.	records ii	n the

Typed or printed name of signee

Andrew Khilyuk





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

WHITE PEAK, 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 01/28/2009.

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.

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: 11/09/2022 UBI Number: 602 895 083



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

LR Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 11/09/2022