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Registration Section

TO:

	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in
eturn all	correspondence concerning this matter to	o the following:
	Shawn Moomey	
		Name of Person
	PLACE 184, LLC	
		Firm/Company
	2211 Rimland Drive Suite 124	
		Address
	Bellingham /Washington, 98226	
	C	ity/State and Zip Code
	entities@place.com	
•	E-mail address: (to be	used for future annual report notification)
her infor	mation concerning this matter, please cal	П:
Shawn	Moomey	425 330-6079 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	z Address: ration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallah	assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PLACE 184, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C." Washington State (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2211 Rimland Drive Suite 124 2211 Rimland Drive 124 (Street Address of Principal Office) Bellingham WA, 98226 Bellingham WA, 98226 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Office Address: Tallahassee 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

(Registered agent's signature)

Adam Saldana, Assistant Secretary

and accept the obligations of my position as registered agent.

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: Ross Clawson	□Manager	Name: Shawn Moomey
□Member	Address: 2211 Rimland Drive Suite 124	□Member	Address: 2211 Rimland Drive Suite 124
□Authorized	Bellingham WA, 98226	Authorized	Bellingham WA, 98226
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

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.

5.	M	
	Signature of an authorized person	- -
Shawn Moomey		
	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

PLACE 184, 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 09/22/2022.

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: 11/28/2022 UBI Number: 604 976 930

STATE OF WASHING 1889 TO 1889

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

te R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 11/28/2022