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S. FRANKLIN

JAN - 4 2023

COVER LETTER

TO: Registration Section Division of Corporations

LAWRENCE B STONE PROPERTIES #801, LLC

SUBJECT: _____

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bradley Stinebaugh

	Name of Person			
Lawrence B Stone Properties #80)1, LLC			
Firm/Company				
PO Box 3949				
	Address			
Spokane, WA 99220-3949				
	City/State and Zip Code			
Bradley@LBStoneProperties.com				
E-mail address:	(to be used for future annual report notification)			
E-mail address: er information concerning this matter, plea	ise call: 509 343-9000 EXT 282			
E-mail address: er information concerning this matter, plea Bradley Stinebaugh Name of Contact Person Mailing Address:	use call: 509 343-9000 EXT 282 at () Area Code Daytime Telephone Number <u>Street Address:</u>			
E-mail address: er information concerning this matter, plea Bradley Stinebaugh Name of Contact Person Mailing Address: Registration Section	at () 343-9000 EXT 282 Area Code Daytime Telephone Number			
E-mail address: er information concerning this matter, plea Bradley Stinebaugh Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations	at () 343-9000 EXT 282 at () 343-9000 EXT 282 at () Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations			
E-mail address: er information concerning this matter, plea Bradley Stinebaugh Name of Contact Person Mailing Address: Registration Section	at () 343-9000 EXT 282 at () Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee			
E-mail address: er information concerning this matter, plea Bradley Stinebaugh Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations	at () 343-9000 EXT 282 at () 343-9000 EXT 282 at () Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations			

Certified Copy

of Status & Certified Copy

Certificate of Status

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

IN COMPLIANCE WITH SECTION (05/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN -LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, LAWRENCE B STONE PROPERTIES #801, LLC

(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The	alternate name must inclu-	le "Linuted Liability Company,"	"L1 C," or "D1C
Washington State 2	hich foreign limited liability company is organized.	3.		(FFI number, if applicable)	<u></u>
9/13/2022 4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0004 & 505,0005, F.S. to determ	registratio and penalty	n i Isəbələtyt		
2800 E Main Avenue		6.	PO Box 3949		
5. (Street Address of Principal Office)	, <u>,,,,,,,,,</u> ,	n,	(Mailing Address)	<u> </u>	
Spokane, WA 99202	ι.		Spokane, WA 99.	220-3949	
					١.
				•	
7. Name and <u>street addres</u>	is of Florida registered agent: (P.O. Bo)	NOT	acceptable)		11:
Name:	Dan Dry				
Office Address:	11250 Astronaut Blvd				
	Orlando		٦	2837	

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 phy polition as registered agent.

(City)

32837

(Zip code)

, Florida

(Registered gent's 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: Lawrence B Stone	□Manager	Name:	
□Member	Address: PO Box 3949	□Member	Address:	
Authorized	Spokane. WA 99220-3949	□Authorized		
Person		Person		
■Other	Other	□Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	1-2)
□Authorized	·	□Authorized		
Person		Person		1
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		Other

<u>Important Notice</u>: 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. 1 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.

Signature of an authorized person

Lawrence B Stone

To ord or printed name of signe



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

CERTIFICATE OF EXISTENCE

 \mathbf{OF}

LAWRENCE B STONE PROPERTIES #801, 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 08/24/2022.

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: 12/13/2022 UBI Number: 604 967 205



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

In R Hohle

Steve R. Hobbs, Secretary of State

Date Issued: 12/13/2022

U. RUSSER