M23000000193

	(Requestor's Name)
	(Address)
	(A / /
	(Address)
	(ChildCiata File file and H)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Business Entity Name)
	(Document Number)
	(Document Namber)
fied Copies	Certificates of Status
	
al Instructions to	Filing Officer:
	l l
	ļ

Office Use Only



400399745774

2023 JAN - 5 AM 8: 43

APPROVLU AND FILED



JAN 05 2023 K. Brumble: CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 306310 4321805

AUTHORIZATION :

COST LIMIT : \$ (1/25.00

ORDER DATE: January 4, 2023

ORDER TIME : 8:28 AM

ORDER NO. : 306310-005

CUSTOMER NO: 4321805

FOREIGN FILINGS

NAME: MIANY LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section

UBJECT:	Miany LLC	
	Nam	ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida." Certificat referenced foreign limited liability company to transact business in Florida.
case return :	all correspondence concerning this matter t	to the following:
	Talis Pennell	
		Name of Person
	Perkins Coie LLP	
		Firm/Company
	1201 Third Avenue Suite 4900	
		Address
	Seattle, Washington 98101	
	. (City/State and Zip Code
	TPennell@perkinscoie.com	
	E-mail address: (to be	e used for future annual report notification)
r further inf	formation concerning this matter, please ca	II:
Talis	s Pennell	206 359-6399 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	ling Address: istration Section	Street Address: Registration Section
_	ision of Corporations	Division of Corporations
	. Box 6327	The Centre of Tallahassee
Talla	ahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
	osed is a check for the following amount: se make check payable to: FLORIDA DEF	PARTMENT OF STATE
	125.00 Filing Fee	re & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in F	lorida The a	Iternate name must include "Limited Liability	Company," "I.	l("," or	"LLC.
Washington		3	85-3557909			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٦.	(FEI number, if i	ipplicable)		-
Date of registration.						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration nine penalty l) nability)	_		
1201 Third Avenue St			1201 Third Avenue Suite 4900			
ret Address of Principal Office)		6	(Mailing Address)			_
Seattle, Washington 98	3101	:	Seattle, Washington 98101			
		_			,	_
Name and street addres	ss of Florida registered agent: (P.O. Box	- x <u>NOT</u> ac	cceptable)		2023 JAN	_
Name and street address Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT ac	cceptable)		2023 JAN - 5	
	•	NOT ac	cceptable)		JAN-5 AM	
Name:	Corporation Service Company	x <u>NOT</u> ac	cceptable) 32301 Florida		JAN -5	

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.

assistent va president

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: Name: ___ ■Manager □ Manager Name: _ _ _ Address: 1201 Third Ave. Stc. 4900 □Member □Member Address: Seattle, Washington 98101 □ Authorized Authorized Person Person □Other__ □Other____ □Other___ Other____ □Manager Name: _ _ _ □ Manager Name: □Member Address: □Member Address: □ Authorized □ Authorized Person Person ☐Other_ __ _ _ __ □Other □Other □Other □Manager □ Manager Name: □Member Address: Address: □Member □ Authorized □ Authorized Person Person □Other □Other____ □Other _ Important Notice: 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. 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. 9881D24E32C44DC ... Signature of an authorized person Megan Curran

Typed or printed name of signee



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

MIANY 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 10/20/2020.

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: 01/04/2023 UBI Number: 604 668 312 -2000

· ALGERTA

STATE OF WASHING

ZOMEST -

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

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 01/04/2023