# N23000000849

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## COVER LETTER

Registration Section

Division of Corporations

TO:

	on Limitad Liability			
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F		
turn all correspondence cor	ncerning this matter t	to the following:		
Brian Doyle				
		Name of Person		
Leavy Schultz Da	vis, P.S.			
<del></del>		Firm/Company		
2415 W. Falls Av	e.			
		Address		
Kennewick, WA	99336			
<del> </del>	C	ity/State and Zip Code		
bdoyle@tricitylaw.	com			
· · · · · · · · · · · · · · · · · · ·	-mail address: (to be	e used for future annual report notification)		
er information concerning t	his matter, please ca	i):		
Brian Doyle		509 628-7107		
Name of C	Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporatio	ns	Division of Corporations		
		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the Please make check payable		)		

RECEIVED

## 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:

name unavailable, enter alternate o	same adopted for the purpose of transacting business in F	lorida The	alternate name must include "Limited Liabili	ty Company," "L.L.C," or
State of Washington, U				
	(Date first transacted business in Florids 11 prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty	a. 1 bability)	_
1183 Bay Drive East		6.	(Mailing Address)	
Indian Harbor Beach, FL 32937			Indian Harbor Beach, FL 3293	
				2023 .1
Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	acceptable)	:: ?? 3)
Name:	Robert Justice			[: 3: F
Office Address:	1883 Bay Drive East			<u>1</u>
	Indian Harbor Beach		32937 , 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.

DocuSigned by: 11/30/2022

11/30/2022

71:CDAB3CD5B486 (Registered agent's signsture)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Randy Furtner Name: Name: Hollis Furtner □Manager □Manager Address: \_\_\_\_ All I Santa Anna Loop Address: \_ **■**Member 🗐 Member Pasco WA 99301 Pasco WA 99301 □ Authorized □ Authorized Person Person Other\_\_\_\_ Other \_\_\_\_\_ □Other\_\_\_\_\_ □ Other\_\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □ Manager Address: \_\_\_\_\_ □Member Address: \_\_\_\_\_ □Member ☐ Authorized ☐ Authorized Person Person □Other \_\_\_ □Other\_\_\_ \_\_ Other\_\_\_\_ Other □Manager □Manager Address: □Member 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. Signature of an authorized person Randy Furtner/Hollis Furtner

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** 

#### 117 KRISTI DRIVE, 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 08/24/2021.

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:

01/06/2023

UBI Number: 604 802 800



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

Hen R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 01/06/2023