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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	PLACE 186, LLC					
SOBJECT.		of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this matter to	the following:				
	Shawn Moomey					
	Name of Person					
	PLACE 186, LLC					
	Firm/Company					
	2211 Rimland Drive Suite 124					
	Address					
	Bellingham /Washington, 98226					
	Ci	ty/State and Zip Code				
	entities@place.com					
	E-mail address: (to be	used for future annual report notification)				
For further in	nformation concerning this matter, please call	l:				
Sha	iwn Moomey	425 330-6079 at ()				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
	iling Address:	Street Address: Registration Section				
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEP. \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	ARTMENT OF STATE & S155.00 Filing Fee & S160.00 Filing Fee, Certificate				
	FEB 1 4 2023					

COVER LETTER

TO:

I "Application by Foreign Limited Liability	e of Limited Liability Company Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori o the following: Name of Person Firm/Company			
all correspondence concerning this matter t Shawn Moomey	referenced foreign limited liability company to transact business in Flori to the following: Name of Person			
Shawn Moomey	Name of Person			
PLACE 186, LLC				
PLACE 186, LLC	W /C			
	W /C			
	Firm/Company			
2011 8: 1 18: 0: 124				
2211 Rimland Drive Suite 124				
Address				
Bellingham /Washington, 98226				
City/State and Zip Code				
entities@place.com				
E-mail address: (to b	e used for future annual report notification)			
nformation concerning this matter, please ca	all:			
awn Moomey	425 330-6079			
Name of Contact Person	at () Area Code Daytime Telephone Number			
iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
1 2 2	entities@place.com E-mail address: (to be a formation concerning this matter, please can win Moomey Name of Contact Person diling Address: gistration Section vision of Corporations D. Box 6327			

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate n	uame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC.")	
Washington State		3		
(Jurisdiction under the law of W	hich foreign limited liability company is organized)	3. (PEI number,	if applicable)	
4	there for the control havings in libridge of provides	enistratum)		
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determine			
2211 Rimland Dr Ste 1	24	6. (Mailing Address)		
Street Address of Principal Office)		(Mathing Address)		
Bellingham, WA 98220	6	Bellingham, WA 98226		
 Name and <u>street addres</u> Name: 	Registered Agent Solutions, Inc.	NOT acceptable)	ATPROVEL AND FILED EB 14 PH	
		NOT_acceptable)	ATPROVED AMO FILED EB 14 PH 2: 23 ES 3 A A A A A A A A A A A A A A A A A A	
Name:	Registered Agent Solutions, Inc.	32301	7: 2:	
Name:	Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A		711 2	

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 Dr Ste 124	□Member	Address: 2211 Rimland Dr
□Authorized	Bellingham, WA 98226	Authorized	Sle 124
Person		Person	Rellingham, WA 9822Co
Other	□Other	□Other	\bigcirc 0
□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.

Signature of an authorized person

Shawn Momey Corporate Counsel



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

PLACE 186, 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: 12/29/2022 UBI Number: 604 977 903

STATE OF WASHING

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

te R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 12/29/2022