M2300000420

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

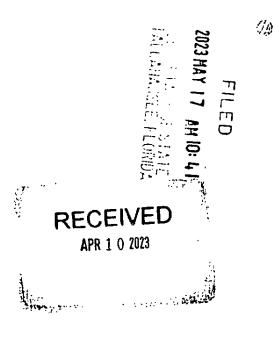
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Office Use Only



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W23 - 59554

A. Jones



April 24, 2023

MELINDA AINSWORTH 19031 33RD AVE, W, SUITE 207 LYNNWOOD, WA 98036 US

SUBJECT: AINSWORTH ARTISTRY LLC

Ref. Number: W23000059554

We have received your document for AINSWORTH ARTISTRY LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 123A00009148

Ariel Jones Regularoty Specialist II

www.sunbiz.org

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:

	Limited Liability Company: must include			
	name adopted for the purpose of transacting busi	iness in Florida. The atterna	ate name must include "Limited Liab	ility Company," "L.L.C," or "LLC.")
Washington 2.		,	-4333285	
(Jurisdiction under the law of w	hich foreign limited hability company is organize	sed)	(FEI number	, (f applicable)
03/01/2023				
	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S.	f prior to registration.) to determine penalty liabili	ty)	<u> </u>
25 Bird of Paradise Dr 5.		6. <u>25</u> 1	Bird of Paradise Dr	
(Street Address of Principal Office)		0	(Mailing Address)	
Palm Coast, FL 32137		Palr	n Coast, FL 32137	
			·	2 3
				2023
7. Name and street address	s of Florida registered agent: (P.C	D. Вох <u>NOT</u> ассер	otable)	FILE MAY 17
Name:	Melinda Ainsworth		_	17 AM IO: 4
Office Address:	25 Bird of Paradise Dr		<u>_</u>	RDE E
	Palm Coast		32137 . Florida	
	(Cuy)		(Zip code)	
designated in this applica to comply with the provisi	tance: gistered agent and to accept serve tion, I hereby accept the appointe ons of all statutes relative to the p s of my position as registered age	nent as registered proper and comple	agent and agree to act in	this capacity. I further agree
	Mw Ass	l agent's signature)		

Melinda Ainsworth

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: Melinda Ainsworth □ Manager □Manager Name: _____ Address: 25 Bird of Paradise Dr ■ Member Address: □Member Palm Coast, FL 32137 □ Authorized □ Authorized Person Person □Other___ □Other _____ □Other_____ Other_ Name: _____ □Manager □Manager Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_____ Other____ □Other ____ 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. 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. Mel Roo Signature of an authorized person

Typed or printed name of signee

COVER LETTER

то:		ation Section n of Corporations				
SUBJEC	Ai: CT:	nsworth Anistry LLC				
		Name of Limited Liability Company				
The encl Existenc	losed "A ce, and cl	pplication by Foreign Limited Liabilit heck are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid			
Please re	eturn all	correspondence concerning this matter	r to the following:			
		Melinda Ainsworth				
			Name of Person			
		rices LLC				
			Firm/Company			
		19031 33rd Ave W, Suite 207				
			Address			
		Lynnwood, WA 98036				
			City/State and Zip Code			
		taxassistant2@jenderuss.com				
	•	E-mail address: (to	be used for future annual report notification)			
For furth	her infor	mation concerning this matter, please	call:			
Melinda Ainsworth		a Ainsworth	206 941-1285 at ()			
		Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address: Registration Section			Street Address: Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
	Lallah	assee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Please r	ed is a check for the following amount: nake check payable to: FLORIDA DI i.00 Filing Fee S130.00 Filing I Certificate	EPARTMENT OF STATE			



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

AINSWORTH ARTISTRY 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 02/08/2018.

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: 03/10/2023 UBI Number: 604 224 742



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

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 03/10/2023