(shown below) on the top and bottom of all pages of the document.

(((H23000373800 3)))



H200000736003ABC-

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (813)436-5206

**Ente	the	email	address	for	this	busin	ess	entity	to	be i	used	farifu	ture
a	nnual	repor	address t mailin <b>s</b> :	gs.	Enter	only	one	email	add	ress	ple	ase 景	90
E	mail	Addres	<b>s</b> :									크론	7 2

Foreign Limited Liability Company **W&M Getaways LLC** 

Certificate of Status	0		
Certified Copy	0		
Page Count	04		
Estimated Charge	\$125.00		

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383

From: Registered Agents Inc.

IN COMPLIANCE WITH SECTION 695,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. W&M Getaways LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (if name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Compans," "ELEC," or "LEC,") Washington 3 93-4094250 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if poor to registration.) (See sections 605-0904-&-605-0905; F.S. to determine penalty hability). 7901 4th St N STE 300 6. Po Box 644
(Mailing Address) St. Petersburg, FL 33702 Kirkland, WA 98083-0644 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg \_ , Florida 33702 (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.

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:	<u>Title or Capacity:</u>	Name and Address:			
□Manager	Name: Ringstad, Melika	□Manager	Name: Reinitz, Wesley			
⊠Member	Address:	XMember	Address:			
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300			
Person	St. Petersburg, FL 33702	Person	St. Petersburg, FL 33702			
Other	Other	□ Other	Other			
□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	190-04-0	□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.

Supplies of in suboured around

Signature of an authorized person

Nat Smith

• XXXX



## 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

## W&M GETAWAYS 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 10/18/2023.

1 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.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 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: 10/25/2023 UBI Number: 605 350 221

the R Hobbie



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

Steve R. Hobbs, Secretary of State

Date Issued: 10/25/2023