# M23000013822

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Special Instructions to	Filing Officer:	
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1 N 2 3- 10	46434	

Office Use Only



FILED 2023 OCT 24 PH 3: 57

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#### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/27/2023

NAME: GRAHAM REAL ESTATE TWO. LLC

TYPE OF FILING: APPLICATION

COST: 125.00

SEPARATE CHECK ATTACHED FOR PENALTY FEE

(1,1930,45

**RETURN: PLAIN COPY PLEASE** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2023

FLORIDA FILING & SEARCH

SUBJECT: GRAHAM REAL ESTATE TWO, LLC Ref. Number: W23000146434

We have received your document for GRAHAM REAL ESTATE TWO, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7). Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$750.

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

Ariel Jones Regulatory Specialist II

Letter Number: 823A00024897

www.sunbiz.org Division of Cornorations - P.O. BOX 6327 -Tallahassee, Florida 32314

#### 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:

COMPANYTOTRANSACT BL	SINESS IN THE STATE OF FLORIDA:				
Graham Real Estate Ty	vo, LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilu	y Company," "L.L.C.," or "LLC.")		
ll'name imavailable, enter alternate i	ame adopted for the purpose of transacting business in F	torida, 'I be	alternate name must include "Limited Liabi	hty Company,"	"L.L.C," or "LLC
. 1		-	45-3668040		
Uurisdiction under the law of w	AS HINGTON STATE	ATE 3. (FEt number, if applicable)			
3/29/2018					
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	a.) liability)		
2501 No Alder Street			P O Box 7566		
street Address of Principal Office)		6.		. <u></u>	
reel Address of Principal Office)			(Maning Address)		
Tacoma, WA 98406			Tacoma, WA 989417		
					<u> </u>
Name and street addres	s of Florida registered agent: (P.O. Box	NOT	accentable)		
· · · · · ·		<u></u>			
	Paracorp Incorporated			1 m	ŕi 2023 OCT 2
Name:				-	00
	155 Office Plaza Drive, 1st Floor				12 12
Office Address:	100 Office Finan Drive, 15t FIOU				fr High

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.

PH 3:

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32301

(Zip code)

, Florida

See Attached

Tallahassee

(Registered agent's signature)

(City)

## 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	Dennis Graham	■Manager	Name:
Member	4907 Main Street	🔳 Member	Address:
Authorized	Tacoma, WA 98407	Authorized	Tacoma, WA 98407
Person		Person	
□Other	Other	Other	Other
Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address:
≣Authorized	Tacoma, WA 98406		
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<u> </u>
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. 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, 1 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.

Aug Brow	_
Signature of an authorized person	
STEVIEN BROWN	

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 10/23/2023

ENTITY NAME: Graham Real Estate Two, LLC

#### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

eller

Leticia Herrera, Assistant Secretary Paracorp Incorporated



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

#### GRAHAM REAL ESTATE TWO, 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 10/24/2011.

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.

**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: 10/18/2023 UBI Number: 603 153 544



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

R Hohrs

Steve R. Hobbs, Secretary of State

Date Issued: 10/18/2023