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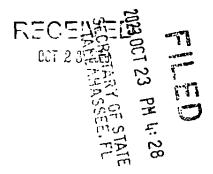
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PICK-UP	WAIT	MAIL				
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Certified Copies	Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:					
	 					





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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ImageArts Photography LLC Name o	Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Col Existence, and check are submitted to register the above refe	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the	ne following:		
William Feemster			
	Name of Person		
ImageArts Photography LLC			
	Firm/Company		
13248 6th Ave NW			
Address			
Seattle, Wa 98177			
City	State and Zip Code		
william@imageartsphoto.com			
	ed for future annual report notification)		
For further information concerning this matter, please call:			
William Feemster	at (425) 221-2865		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing 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		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAI □ \$125.00 Filing Fee Certificate of S	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate		

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:

ImageArts Photography	LLC			
(Name of Foreign l	Limited Liability Company; must include "Limited	Liability Company	r.""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in FI	orida. The alternate na	me must include "Limited Liabi	lity Company," "L.L.C," or "LLC.")
2. Washington State	nich foreign limited liability company is organized)	3. 46-196	6355 (FEI number,	if applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine			_
5. 5346 Saint Charles Dr (Street Address of Principal Office)	NE	V.	oth Ave NW	
Olympia. WA 98516		Seattle.	WA 98177	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptab	le)	2023 OCT 23 TARK
Name:	Robert Brehm			题 723
Office Address:	7790 Club Ln	.		PM 4: 28 SSEE.FL
	Sarasota	,	Florida <u>34238-5644</u>	28 FL

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.

Mill AD Pareture (Kegistered agent's signature)

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: Name: William Feemster Name: Scott Manthey □Manager □Manager Address: 13248 6th Ave NW Address: 5346 Saint Charles Dr NE **■** Member **■** Member Olympia, WA 98516 Seattle, WA 98177 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: □ Manager □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. Signature of an authorized person

Typed or printed name of signee

William Feemster

The State of Washington

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

IMAGEARTS PHOTOGRAPHY 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 01/09/2013.

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: 10/06/2023 UBI Number: 603 266 413



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

t. R Hollie

Steve R. Hobbs, Secretary of State

Date Issued: 10/06/2023