Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:	;				

Foreign Limited Liability Company Burke & Gee Enterprises, LLC

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

To: 18506176383

From: Registered Agents Inc.

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: , Burke & Gee Enterprises, LLC

i name unavanaoie, enier aitembie	name adopted for the purpose of transacting business in Flo	orida. The a	alternate name must include "Limited Liability Company," "LL C."	or "LLC
Washington		3.	84-2576943	
Ourisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)	
·	(Date Sections sated Services, as Physics of active to	San a tem til sin		
	(Date first transacted business in Florida, if prior to r (See sections 605 (1904), c 605 (1905), F. S. to determin	registration, ne penalty l	lability)	
7901 4th St N STE 300)	6	7901 4th St N STE 300 (Mailing Address)	
Street Address of Principal Office)		۷٠ ـ	(Mailing Address)	
St. Petersburg FL 3370)2	;	St. Petersburg FL 33702	
		-		
		-		_
. Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	acceptable)	
Name:	Northwest Registered Agent LLC			
Name: Office Address:	Northwest Registered Agent LLC 7901 4th St N STE 300			
,				

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.

7F14		
	(Registered agent's signature)	

To: 18506176383

8. Fe	or initial indexing purposes,	list names, title o	r capacity and addre	sses of the primary	members/managers	or persons	authorized to
manaį	ge [up to six (6) total]:						

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: Burke, Christine
XIMember	Address: 7901 4th St N STE 300	XMember	Address: 7901 4th St N STE 300
□Authorized	St. Petersburg FL 33702	□Authorized	St. Petersburg FL 33702
Person		Person	
Other	□Other	□Other	Other
□Manager	Nume:	□Manager	Nume:
□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. 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.

	NOT SWALL
	Signature of an authorized person
Nat Smith	
	Typed or printed name of signee



Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BURKE & GEE ENTERPRISES, 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 07/31/2019.

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: 11/13/2023 UBI Number: 604 473 675

R Hohlie



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

Steve R. Hobbs, Secretary of State

Date Issued: 11-13-2023