# M2300014791

(Requestor's Name)
(Address)
(Address)
(100,000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(0.000000000000000000000000000000000000
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
LIVING WHOLLED
WA3-146452

Office Use Only



000417510170

11/17/23--01087-+010 \*\*125.00

10/18/23--01022--011 \*\*1471.25





October 26, 2023

HOLLY MCGRAW 1211 SW FIFTH AVE STE 1900 PORTLAND, OR 97204 US

SUBJECT: CHECK OUT MY, LLC Ref. Number: W23000146452

We have received your document for CHECK OUT MY, LLC and check(s) totaling \$1471.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Additional money is needed to cover all filing fees and administration fees. Money in the amount of \$125 is due to cover the entire balance.

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

Letter Number: 223A00024899

Ariel Jones Regulatory Specialist II

www.sunbiz.org

		COVER LETTER
	gistration Section vision of Corporations	
eun irze.	Check Out My, LLC	
SUBJECT:	Namo	e of Limited Liability Company
The enclose Existence, a	d "Application by Foreign Limited Liability Cond check are submitted to register the above t	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.
Please retur	n all correspondence concerning this matter to	o the following:
	Holly McGraw	
		Name of Person
	Schwabe, Williamson & Wyatt, P.C.	
		Firm/Company
	1211 SW Fifth Ave Ste 1900	
		Address
	Portland, OR 97204	
	C	ity/State and Zip Code
	hmegraw@schwabe.com	
	E-mail address: (10 be	e used for future annual report notification)
For further	information concerning this matter, please ca	11:
Н	olly McGraw	at () 796-3757
_	Name of Contact Person	Area Code Daytime Telephone Number
<u>M</u>	ailing Address:	Street Address:
Registration Section		Registration Section
D	ivision of Corporations	Division of Corporations
P.	O. Box 6327	The Centre of Tallahassee
Ta	allahassee, 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 DEPARTMENT OF STATE

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY.
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Check Out My, LLC (Name of Foreign)	Limited Liability Company, must include "Limite	d Liability	· Compa	ny," "L. L. C.," or "L.L.C.")			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	florida The	alternate i	name must include "Limited Liab	ulity Company	," "L.L.C,"	or "LLC.")
Washington 2.		3.	26-34	131122			
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	σ,		(FEI number	r, if applicable)		<del></del>
June 16, 2016 4.							
T	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 603 0905, F.S. to determ	registration nine penalty	ı) liability)				
6727 185th Ave NE 5.		6.	6727 185th Ave NE				
(Street Address of Principal Office)		υ,	- IN	failing Address)			
Redmond, WA 98052			Redmo	ond, WA 98052			
					SECR	2023 H	THE STATE OF
7. Name and street addres	s of Florida registered agent: (P.O. Box	x <u>NOT</u> a	nccepta	ble)	E SE	04 50 PH	
Name:	Northwest Registered Agent LLC				1.7.5	PH 4: 00	
Office Address:	7901 4th St N STE 300	·			,	ال ال	
	St. Petersburg			. Florida 33702			
	(City)		<del></del>	(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.

77-NL		
	(Registered 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:		
■Manager	Name:	■Manager	Name:		
□Member	Address: 6727 185th Ave NE	□Member	Address: 6727 185th Ave NE		
□Authorized	Redmond, WA 98052	□Authorized	Redmond, WA 98052		
Person		Person			
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		□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.

Suprature of an authorized person

Julia Getsch, Manager





# 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

### CHECK OUT MY, LLC

1 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 12/21/2005.

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.

LFURTHER 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: 09/15/2023 UBI Number: 602 568 117

STATE OF WINSHING

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

the R Hobbie

Sieve R. Hobbs, Secretary of State

Date Issued: 09-15-2023