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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

TO:	Registration Section Division of Corporations		
SUBJ	MLA Engineering, LLC		
	Nan	ne of Limited Liability Co	ompany
The er Existe	nclosed "Application by Foreign Limited Liability nee, and check are submitted to register the above	Company for Authorizative referenced foreign limite	ion to Transact Business in Florida," Certificate of liability company to transact business in Florid
Please	return all correspondence concerning this matter	to the following:	
	Wendy Hussey		
		Name of Person	
	MLA Engineering, LLC		
	Firm/Company		
	1109 1st AVE STE 300		
	Address		
	Seattle, WA 98101-2992		
		City/State and Zip Code	
	whussey@mlaengineering.com		
	E-mail address: (to b	e used for future annual r	eport notification)
For fu	rther information concerning this matter, please co	ıll:	
Wendy Hussey		206 at (264.2727
	Name of Contact Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:	
Registration Section		Registration Sec	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		Tallahassee, FL	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE. \$\overline{\Pi}\$\$ \$125.00 Filing Fee \$\overline{\Pi}\$\$ \$130.00 Filing Fee Certificate	æ & 🔠 \$155.00 Filio	ng Fee & 💢 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605/002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. MLA Engineering, LLO	C				
(Name of Foreign	Limited Liability Company; must melude "Limite	d Liabilu	y Company," "L.L.C.," or "LLC.")		
off name mayadable, enter alternate	name adopted for the purpose of transacting business in E	kirida. The	alternate name must include "Limited Lia	bility Company," "L.L.C.	er "LLC.")
Washington 2		3.	ı Et numbe		
(Jurisdiction under the law of w	high foreign limited hability company is organized)		(FEI numbe	r it applicable)	
12/6/2023 4.					
	(Date first transacted business in Florida, if prior to (See sections 605-0904-& 605-0905, F.S. to determ	registratio and penalty	n) Tability)		
1109 IST AVE STE 3 5. (Street Address of Principal Office)		6.	1109 IST AVE STE 300 (Mailing Address)	SECIAL A	
(Street Address of Principal Office)			(Mailing Address)	<u> </u>	
Seattle, WA 98101-299	02		Seattle, WA 98101-2992	20 HAS	-
				PH 4:	
7 N				- 32 - 32	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOL	acceptable)		
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road	_			
	Plantation		33324 Florida		
	(Cuy)		(Zip eode)	_	

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.

	C T Corporation System	Chuatini VCV	Assistant Secretary
(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: Michael Leonard	□Manager	Name: Wendy Hussey
■Member	Address: 10909 Warabi Lane	□Member	Address: 1109 1st AVE STE 300
■Authorized	Seattle WA 98110	□Authorized	Scattle, WA 98101
Person		Person	
□Other	Other	■Other Administra	tor 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.

My Section Superior S

Michael S. Leonard, Managing Member



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

MLA ENGINEERING, 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 03/12/1999.

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: 12/06/2023 UBI Number: 601 939 286

R Hollie



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: 12/06/2023