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To:

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C | CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: RAGENT@KELLERROHRBACK.COM

Foreign Limited Liability Company VIP HOSPITALITY, LLC

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JAN 29 2024

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

IN COMPLIANCE WITH SECTION 8(5,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

VIP Hospitality, LLC							
(Name of Foreign	Limited Liability Company; must include "Timite	d Liability C	ompany," "L.L.C.," or "I	.17.")			
 							
	name adopted for the purpose of trunsacting business in F	konda, His alie	rnate name must include "Li	muted Linhiii	ну Соправу	, "L.L.C,"	or "LECL")
Washington 2.		3.					
(Jurisdiction under the law of w	high foreign limited liability company is organized)		(F	El number, i	applicable)		
N/A							
4	(Date high transacted business in Florida, if prior to (See sections 605.0904 & 605.0905; F.S. to determ	registration.)	nility)				
707 S. Grady Way, Su			07 S. Grady Way, St	iite 600			
5. (Street Address of Principal Office)		6	(Mading Address)	. —			
(Siece Million of Friedly							
Renton, WA 98057		R	enton, WA 98057				
		_					
							
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acc	ceptable)			20	
					• •	2024 JAN	
Name:	CT Corporation System				: • *	<u>:-</u> :	- 4
Name.					. •	129	
Office Address:	1200 S Pine Island Rd #250					ĊΩ	
vymee readings.							
	Plantation		33324 , Florida	1		Ö	
	(Cuy)		(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 um familiar with and accept the obligations of my position as registered agent.

Someth to San	Scott A. White, Asst. Secretary	January 26, 2024
	(Registered agent's signature)	

From: James Tanks

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: Gregory Wortell	≣Manager	Name: Michael Workman
□Member	Address: 207 S. Grady Way, Suite 600	□Member	Address: 707 S. Grady Way, Suite 600
□Authorized	Renton, WA 98057	□Authorized	Renton, WA 98057
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	[]Member	Address:
□Authorized		□Authorized	
Person	,	Person	
Other	□Other	☐Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
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.

Cocosidian of		
Michael Workman	L	
£9829 D6487643C	Signature of an authorized person	
Michael Workman		
	Typed or printed mane of signer	

· THEFEN

< 2172373

Pashington

The State of

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.

VIP HOSPITALITY, 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 11/10/2008.

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: 01/26/2024 UBI Number: 602 878 235

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: 01/26/2024