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.

(((H24000053045 3)))



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 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the												
- _{ຈະ} ບັງບຸນຄອງ	report	mailin	gs. E	Enter	only o	one	email	add	res	s ple	ase,	**
			_									

Email Address:_

Foreign Limited Liability Company **Aerial Vistas LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION (05,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS INTIAE STATE OF FLORIDA:

l'name unavailable, enter alternate	name adopted for the nurpose of transacting business in Flo	orida. The alternate	name must include "Limited Lie	ability Company,"	L.L.C." or	-ī.Lc∵	
Washington Unisdection under the law of w	hich foreign lunged tiabilits company is organized)	3. <u>99-</u> 2	1157572 FELLOWIN	er, if applicable)		_	
	Object first transacted business in Florida, if prior to a (See sections 60) 0904 & 605 0905 F.S. to determine	egistration (ne penalty habitity)					
522 W RIVERSIC	DE AVE	6. <u>522</u>	W RIVERSIDE A	VE	<u> </u>	_	
STE N		STE	N			_	
Spokane, WA 99	201	Spokane, WA 99201					
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accepta	ible)) h		
Name:	Northwest Registered Agent	LLC		•	833 EB		
Office Address:	7901 4th St N STE 300			• •	-7 P		
	St. Petersburg		, Florida <u>33702</u>		PH 3: 24	ئە. -	

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.

iRegistered 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]:

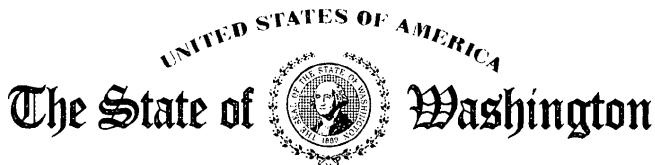
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Randall Tocco	□Manager	Name:	
XMember	Address: 522 W RIVERSIDE AVE	□Member	Address:	
□Authorized	STE N	□Authorized		
Person	Spokane, WA 99201	Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		∃Other
∪Manager	Name:	UManager	Name:	· · · · · · · · · · · · · · · · · · ·
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
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.



• 35456



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

AERIAL VISTAS 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 02/02/2024.

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: 02/07/2024 UBI Number: 605 399 484

R Hollie



Coven raider my hand and the Scal of the State of Washington at Olympia, the State Capital

Stove R. Hobbs, Societary of State

Date Issued: 02 07 2024