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# COVER LETTER

TO:

	Rain City Capital, LLC	
SUBJE	ECT:	me of Limited Liability Company
The en Exister	closed "Application by Foreign Limited Liabilit nee, and check are submitted to register the abov	y Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Floric
lease	return all correspondence concerning this matter	r to the following:
	Katherine Christofilis	
		Name of Person
	Rain City Capital, LLC	
		Firm/Company
	12131 113th Ave NE Suite 201	
		Address
	Kirkland, WA 98034	
	<del></del>	City/State and Zip Code
	hr@raincitycapital.com	
	E-mail address: (to	be used for future annual report notification)
For fur	ther information concerning this matter, please	call:
Katherine Christofilis		206 972-0949 at ( )
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations
		The Centre of Tallahassee
	Tallahassee, 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 DI  ■ \$125.00 Filing Fee □ \$130.00 Filing    Certificate	

# 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: L. Rain City Capital, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Washington (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 2/5/2024 (Date first transacted business in Florida, if prior to registration)
(See sections 005 0904 & 605,0905, F.S. to determine penalty hability) 12131 113th Ave NE Suite 201 12131 113th Ave NE Suite 201 5. (Street Address of Principal Office) (Mailing Address) Kirkland, WA 98034 Kirkland, WA 98034 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor

Registered agent's acceptance:

Office Address:

Tallahassee

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.

(City)

P.O. Box 160568, Sacramento, CA 95816-0568 Tel: 888.272.3725 Fax: 800.603.5868

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Fredrick Rea Name: \_\_\_\_\_ □Manager Address: 12131 113th Ave NE Suite 201 □Member □Member Address: \_\_\_\_\_\_ Kirkland, WA 98034 □Authorized Authorized Person Person □Other\_\_\_\_\_ □Other \_\_\_\_ □Other\_\_\_\_ □ Other □Manager Name: □Manager Name: \_\_\_\_\_ Address: Address: □Member □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager □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 \$.817.155, F.S. Signature of an authorized person

Fredrick Rea

Typed or printed name of signee



# 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

## RAIN CITY CAPITAL, 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 06/16/2009.

**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: 01/30/2024 UB1 Number: 602 933 057

STATE OF WASHING

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

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 01:30:2024