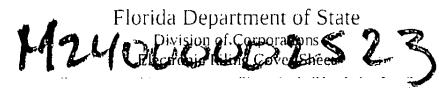
Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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Foreign Limited Liability Company

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

560 Real, LLC

Electronic Filing Menu

Corporate Filing Menu

Help

2/26/2024 13.18:39 PST · To 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 605,0502, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Ho	rida. The	ilternate name must include "Emitted Er	ability Company," "	LLL C.," or "L	"I.C."
Washington		3.	93-4935789			
Ourisdiction under the law of w	hich foreign limited liability company is organized)		iFEI numb	er, il applicable)	-	
	(Date first transacted business in Florida, if pose to it (See sections 605 0904 & 605 0915, US) to determin	egistralion ie penalty) Babdity)			
7901 4th St N STE 300)	6	7901 4th St N STE 300			
rect Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·		(Mailing Address)			
St. Petersburg FL 3370	02		St. Petersburg FL 33702			
		•				
	<u> </u>					
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT_</u> a	cceptable)	6	2:	
				. :	2024 FEB	,
Name:	Registered Agents Inc			:		,
					26	•
Office Address.	7901 4th St N STE 300					
	St. Petersburg		33702	<u>.</u> 	င်ာ	,
	(City)		Florida 33702 (Zipcode)		26	

(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: Fils-aime, Yolette	□Manager	Name: Fils-aime, Regine
X Member	Address: 25224 159th Street Ct E	X. Member	Address: 25224 159th Street Ct E
□Authorized	BUCKLEY WA 98321	□Amhorized	BUCKLEY WA 98321
Person		Person	
□Other	□Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
[]Other	∐Other	□Other	Other
∐Manager	Name:	L!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.

Rolling	or Bernalis		_
	·,	Signature of an authorized person	
Robin Jones			
		Lyped or printed name of signer	



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

560 REAL, 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 12/15/2023.

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.

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: 02/26/2024 UBI Number: 605 376 062

R Hollie



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

Steve R. Hobbs, Secretary of State

Date Issued | 92/26/2024