nt 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

(((11240000835823)))



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15:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone

Fax Number

: (702)866-2560 : (702)980-2290

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

Email Address: documents@incorp.com

Foreign Limited Liability Company REGENIS LLC

| Certificate of Status | ananananananananananananananananananan | |
|-----------------------|--|--|
| <u> </u> | 1) | |
| Certified Copy | <u> </u> | |
| Page Count | 05 | |
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Electronic Filing Menu — Corporate Filing Menu

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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--|---|--|--|--|
| SUBJEC | REGENIS LLC | | | |
| | Name of Limited Unability Company | | | |
| The encl Existence | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Land cheef, are submitted to register the above referenced foreign limited liability company to transact business in Florida | | | |
| Please re | turn all correspondence concerning this matter to the following. | | | |
| | Jaycie Howard | | | |
| | Name of Person | | | |
| | InCorp Services, Inc. | | | |
| | Firm/Company | | | |
| 3773 Howard Hughes Parkway, Suite 500S | | | | |
| Address | | | | |
| | Las Vegas, Nevada 89169-6014 | | | |
| City/State and Zip Code | | | | |
| | documents@incorp.com | | | |
| | E-mail address (to be used for future annual report notification) | | | |
| For furth | rt information concerning this matter, please call | | | |
| Jayci | Howard on behalf of InCorp Services, Inc. (702) 866 - 2500 | | | |
| | Name of Contact Person Area Code Daytime Telephone Number | | | |
| | Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 | | | |
| | Enclosed is a check for the following amount Please make check, payable to FLORIDA DEPARTMENT OF STATE | | | |

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| REGENIS LLC | | | |
|--|--|--|---------------------------------|
| (Nune of Fereig | n Limited Liability (Tompany), must evolude "Limita | ed Lucility Company, "T. L.C.," or "[J.C.]"; | |
| Af name unavailable, enter alternati | entime adapted for the purpose of trion-acting business in I | forms. The afteresite name must around a milton link | hildy Company 1 I Law or 1210 5 |
| 2 Washington Digitalized began the pay of | which foreast contest condity tomograph a creanized | 3 83-0566105 | r, diapplication |
| | ,, | | . и фрим к |
| 4. 02/28/2024 | (12812 1184 it inspired business in Florida if prior to (2018 withing 623 USA)4 & 625 O205 F.S. to differ | oregistration, h into penalty (Linsi (v.) | |
| 6920 Salashan Pa | • | P.O. Box 2708 | |
| (Street Address of Francipal Office) | | (Malug Adires); | , 72 |
| Ferndale, WA 98 | 3248 | Ferndale, WA 98248 | 2024 MAR SECRET |
| | | | 7 |
| 7 Name and street addre | ess of Florida registered agent (PO) Box | s <u>NOT</u> acceptable) | PH 3: 49 |
| Name | InCorp Services, Inc. | ··········· | FH 9 |
| Office Address, | 3458 Lakeshore Drive | | |
| | Tallahassee | . Florida 32312 | |
| | (City) | (Zip 2008) | |

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.

| ها جرد استار است | Such and the such as the such | Louise | Breytenbach o | in behalt o | f InCorp S | Bervices, | inc |
|----------------------|---|------------|---------------|-------------|------------|-----------|-----|
| | Gebotered agent is to | zenta in t | | | | | |

8. For minal 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: Todd Kunzman | ■ Manager | Name Aaron Smith |
| II Member | Address. | Z Member | Address |
| D Authorized | 6920 Salashan Parkway; A-102 | II Authorized | 6920 Salashan Parkway; A-102 |
| Person | Ferndale, WA 98248 | Person | Ferndale, WA 98248 |
| DOther | □Other | []Other | |
| ∰ Manager | Name. Bryan VanLoo | ∏Manager | Name. |
| □ Member | Address. | □Member | Address. |
| III Authorized | 6920 Salashan Parkway: A-102 | (I) Authorized | |
| Pason | Ferndale, WA 98248 | Person | |
| TOther | Other | □Other | |
| ∏ Manager | Name | ∏-Munager | Name. |
| □Member | Address | □Member | Address |
| □Authorized | | □ Authonzed | |
| Person | | Person | |
| DØther | ³ Other | Caher | OGher |

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) (5). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in \$817-155, F.S.

| 4 | 5 |
|-------------|--------------------------------------|
| | Signar, se of an action good person. |
| Aaron Smith | |



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

REGENIS 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 04/09/2018.

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: 03/01/2024 UBI Number: 604-254-883

R Hobbie



The entry living from land the Year of the Year of Mashington of Olympia, the State of the t

Sherry B. Allista, Peuzonan isa Shate

Date Laurel 1983 of 1984