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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/13/2024					⇔WALK IN⇔
ENTITY NAME HAWT	THORN RIVERVIEW	V LLC			
DOCUMENT NUMBER					
	PLEASE FILE	THE ATTACK	ED AND RETUR	W	
xxxxxxxx	Plain Copy Certified Copy Certificate of Stata	ษ			
	PLEASE OBTAIN THE	E FOLLOWING	FOR THE ABOVE	E ENTITY	
	Certified Copy of A Certificate of Good		nls		
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TOTAL OWED \$125				: 120160000072 R HW	2
Please call Tina at	the above number fo	or any issued		-	mach!

COVER LETTER

TO:	Registration Section Division of Corporations
end in	Hawthorn Riverview, LLC
SUBJE	Name of Limited Liability Company
The enc Existence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please r	turn all correspondence concerning this matter to the following:
	Alan Spragins
	Name of Person
	Hawthorn Riverview, LLC
	Firm/Company
	1920 Fairview Ave E, Ste 200
	Address
	Seattle, WA 98104
	City/State and Zip Code
	support@singlefile,io
	E-mail address: (to be used for future annual report notification)
For furtl	er information concerning this matter, please call:
	SingleFile Technologies Name of Contact Person Area Code Daytime Telephone Number
	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 \$\foralle{\sqrt{S}}\$ \$125.00 Filing Fee \(\begin{array}{c} \begin{array}{c} \left\ \left\ \ \end{array} \$155.00 Filing Fee \(\begin{array}{c} \begin{array}{c} \left\ \ \end{array} \$160.00 Filing Fee, Certificate \(\text{Certificate of Status} \) Certified Copy \(\text{of Status & Certified Copy} \)

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:

WA (Durisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1910 Fairview Ave E, Ste 200 Street Address of Principal Office) Seattle, WA 98104 Seattle, WA 98104	oplicable)			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1910 Fairview Ave E, Ste 200 6. 1910 Fairview Ave E, (Mailing Address)				
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1910 Fairview Ave E, Ste 200 6. 1910 Fairview Ave E, (Mailing Address)				
1910 Fairview Ave E, Ste 200 rect Address of Principal Office) 605,0905, F.S. to determine penalty liability 6. 1910 Fairview Ave E, (Mailing Address)	Ste 200			
1910 Fairview Ave E, Ste 200 6. 1910 Fairview Ave E, (Mailing Address)	Ste 200			
Seattle, WA 98104 Seattle, WA 98104				
	Seattle, WA 98104			
	2021			
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	III.			
Name: Registered Agents Inc	PI			
Office Address: 7901 4th St N STE 300	<i>j</i> : 50			
St. Petersburg , Florida 33702				
(City) (Zip code)				

David Roberts, Asst. Secretary

(Registered agent's signature)

Tool gloon

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: Title or Capacity: Name and Address: Title or Capacity: Name: CP 2017 Hawthorn Fund I, LP Name: Columbia Pacific Advisors, LLC ☑Manager □Manager Address: _ 1910 Fairview Ave E, Ste 200 Address: 1910 Fairview Ave E, Ste 200 **⊘**Member □Member Seattle, WA 98102 Seattle, WA 98102 □ Authorized □ Authorized Person Person □Other_____ □Other □Other__ □Other □Manager □Manager Name: Name: _____ Address: □Member Address: _____ □Member □ Authorized □ Authorized Person Person □Other _____ Other _ _ Other_____ □Other___ Name: □Manager □Manager Address: □Member Address: _____ □Member □ 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 s.817.155, F.S. <u>Alan Spragins</u> Signature of an authorized person Alan Spragins

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

HAWTHORN RIVERVIEW, 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 03/12/2024.

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: 03/12/2024 UBI Number: 605 469 111

STATE ON NORTH NOR

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

the R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 03/12/2024