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# COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Encore Business Solutions (USA), LLC						
		ne of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.					
Please r	eturn all correspondence concerning this matter	to the following:					
	Lisa Miller						
		Name of Person					
	Encore Business Solutions (USA), LL	.c					
	Firm/Company						
20700 44th Ave West. Suite 260							
	Address						
	Lynnwood, WA 98036						
		City/State and Zip Code					
	accountingus@encorebusiness.com						
	E-mail address: (to b	e used for future annual report notification)					
For furt	her information concerning this matter, please ca	all:					
Lisa Miller		206 512-1564 at ( )					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
	Division of Corporations	Division of Corporations The Centre of Tallahassee					
	P.O. Box 6327						
	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 DE!  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe  Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, 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:

ncore Business Solution (Name of Foreign Li	(USA), LLC ited Liability Company; must include "Limited	Liability Cor	opany." "L.L.C.," or "LEC")		=
(v =			<b>,</b>		
ne unavailable, enter alternate nan	adopted for the purpose of transacting business in Flor	rida. The altern	ate name must include "Limited Liability Com	pany," "L.L.C." or "	LLC."}
ashington		26-	-0304077		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, (Lapplicable)		-
/1/2024					
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration) e penalty liabil	ty)		
93 Bridle Ridge Court			00 44th Ave W, Ste 260		
Street Address of Principal Officer			(Mailing Address)		-
agler Beach, FL 32136		Lyn	nwood, WA 98036		
ame and <u>street address</u>	f Florida registered agent: (P.O. Box	NOT acce	ntable)	YAV 1207	-
Name:	T Corporation System		<u> </u>	1	
Office Address:	200 South Pine Island Rd.		_	ω	
	lantation		33324 , Florida	ΛΗ II: 45	F - 94
(City)			(Zip code)	Ċī	
nated in this application mply with the provision	tered agent and to accept service of pind. I hereby accept the appointment as sof all statutes relative to the proper of my position as registered agent.	registered ind comple	agent and agree to act in this co	apacity. I furt	her ag
-	(Registered agent's si		sistant Se	cretary	cretary

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]:

EBS WASH, Inc  20700 44th Ave W, Ste 260  gnnwood, WA 98036  Other  Ime:  Idress:	□Manager □Member ■Authorized Person □Other □Manager □Member	Name: Lisa Miller  20700 44th Ave W. Ste 260  Lynnwood, WA 98036  DOther  Address:
Idress:	■ Authorized  Person  □ Other  □ Manager	Address:
Other	Person  □Other  □Manager	OtherName:
□Other	□Other	Other
ime:	⊡Manager	Name:
ldress:	-	
	□Member	Address:
	□Authorized	
	Person	
Other	Other	□Other
ame:	□Manager	Name:
ldress:	□Member	Address:
· · · · · · · · · · · · · · · · · · ·	□Authorized	
	Person	
Other	Other	Other
y be added to the index when filing your Floridate of existence, no more than 90 days old, duly w of which it is organized. (If the certificate is it esubmitted)  secuted in accordance with section 605.0203 (1) to the Department of State constitutes a third d	a Department of State authenticated by the in a foreign language.  (b), Florida Statutes, egree felony as provident.	Annual Report form.  official having custody of records in the a translation of the certificate under oath.  I am aware that any false information.
y at v	be added to the index when filing your Floridate of existence, no more than 90 days old, duly of which it is organized. (If the certificate is submitted)  becuted in accordance with section 605.0203 (1) to the Department of State constitutes a third of Signature of an a	n attachment to report more than six (6). The attachment will be imale be added to the index when filing your Florida Department of State to of existence, no more than 90 days old, duly authenticated by the wof which it is organized. (If the certificate is in a foreign language, submitted)  secuted in accordance with section 605.0203 (1) (b), Florida Statutes, to the Department of State constitutes a third degree felony as provided to the Department of State constitutes a third degree felony as provided to the Department of State constitutes a third degree felony as provided to the Department of State constitutes a third degree felony as provided to the Department of State constitutes a third degree felony as provided to the Department of State constitutes a third degree felony as provided to the Department of State constitutes a third degree felony as provided to the Department of State constitutes a third degree felony as provided to the Department of State constitutes a third degree felony as provided to the Department of State constitutes a third degree felony as provided to the Department of State constitutes as the Department





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** 

## ENCORE BUSINESS SOLUTIONS (USA), 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 06/26/2007.

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: 03/26/2024 UBI Number: 602 732 965

STATE ON NASHING

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

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 03/26/2024