Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

ැරිEmail Address:

Foreign Limited Liability Company NEXT CELLECTION L.L.C.

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5/20/2024 12.41:14 PDT . To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Li	mited Liability	y Company." "L.L.C.," or "ELC.	")	-
f name unavailable, enter alternate r	name adopted for the purpose of transacting business	in Florida, The	alternate name must include "Limited	d Liability Company," "LLC," or	-LLC
Washington		3.	273361588		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	-	(FEI m	unber, if applicable)	_
	(Date first transacted business in Florida,)1 pri (See sections 605-0904-x; 605.0905; E.S. to do	for to registration elemine penalty	n.) Habitny)		
7901 4th St N STE 300		6.	7901 4th St N STE 300		
rect Address of Principal Office)		V.	(Mailing Address)		_
St. Petersburg FL 3370	2		St. Petersburg FL 33702		_
				<u>_</u>	_
Name and street address	s of Florida registered agent: (P.O.	Box <u>NOT</u> :	acceptable)	2024 HAY 20 \$-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	_
Name:	Registered Agents Inc			Cr	
Office Address:	7901 4th St N STE 300			AH 1:55	į
	St. Petersburg		, Florida 33702		
	(City)		(Zip code	;)	

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.

Divil Refrace		
-	(Registered agent's signature)	

1 000 000

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: Name: Dinh, Andrew Manager □ Manager Name: Address: 319 s 2nd st **X**iMember ☐ Member Address: renton WA 98057 □Authorized □ Authorized Person Person Other____ _____ Other_____ Other Other____ □Manager Name: □ Manager □ Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other__ Other____ Other____ Other Name: Name: ____ **L**IManager Address: Address: □Member ☐ Member □ Authorized □ Authorized Person Person 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. Publican January
Signature of an authorized person Robin Jones Typed or printed name of signee

• 1123 Z



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

NEXT CELLECTION L.L.C.

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 08/31/2010.

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: 05/20/2024 UBI Number: 603 043 727

R Hollie



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

Steve R. Hobbs, Secretary of State

Date Issued: 05:20/2024