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COVER LETTER

TO:

:	011111111111111111111111111111111111111				
	Name of Limited Liability Company				
ed "Application by Foreign Limited Liability and check are submitted to register the above	y Company for Authorization to Transact Business in Florida." C e referenced foreign limited liability company to transact busines				
n all correspondence concerning this matter	to the following:				
BEN STRYKER					
	Name of Person				
RAINIER STORMWATER ENGIN	EERING, LLC				
	Firm/Company				
3371 CALLE ODESSA	• •				
	Address				
	Address				
CARLSBAD, CA 92009					
	City/State and Zip Code				
ben@rainengineers.com					
E-mail address: (to	be used for future annual report notification)				
information concerning this matter, please of	eall:				
EN STRYKER	206 769-8534				
Name of Contact Person	Area Code Daytime Telephone Number				
ailing Address:	Street Address:				
egistration Section	Registration Section				
vision of Corporations	Division of Corporations				
O. Box 6327	The Centre of Tallahassee				
illahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32303				

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: RAINIER STORMWATER ENGINEERING, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L L C," or "LLC") WASHINGTON (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 12031 SE 186TH STREET 12031 SE 186TH STREET (Street Address of Principal Office) RENTON, WA 98058 **RENTON, WA 98058** 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ROBERT STRYKER Name: 21346 ESTERO PALM WAY Office Address: ESTERO 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

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.

(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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: BEN STRYKER	□Manager	Name: TYLER BEEKLEY
■Member	Address: 3371 CALLE ODESSA	■Member	Address: 12031 SE 186TH STREET
■Authorized	CARLSBAD, CA 92009	Authorized	RENTON, WA 98058
Person		Person	
Other	□Other	Other	□Other
□Manager	Name: ROBERT STRYKER	□Manager	Name:
□Member	Address: 21346 ESTERO PALM WAY	□Member	Address:
■Authorized	ESTERO, FL 33928	□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	□Other

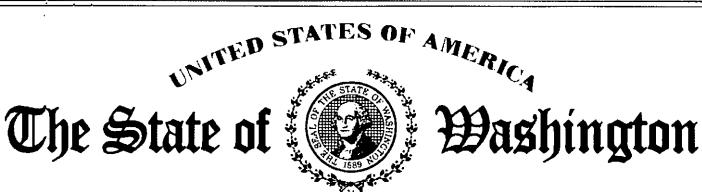
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Signature of an authorized person

BENJAMIN STRYKER

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

RAINIER STORMWATER ENGINEERING, 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 10/26/2020.

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.

1 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: 04/09/2024 UBI Number: 604 665 262

R Hohire



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: 04.09 2024