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

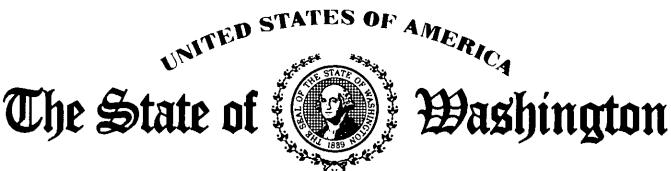
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Campbell Tax & Accounting LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L. L. 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) Date of Registration (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 18312 122nd St E 18312 122nd St E 5. (Street Address of Principal Office) (Mailing Address) Bonney Lake Bonney Lake WA. 98391 WA, 98391 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N Ste 300 Office Address: St. Petersburg 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. David Klanis

(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: Kimberly Campbell □ Manager □Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_\_18312 122ND ST E □Member □Member Address: \_ **BONNEY LAKE** Z Authorized Authorized Washington, 98391 Person Person □Other ☐Other\_\_\_\_ ☐ Other\_\_\_\_\_ ☐ Other\_\_\_\_\_ Name: \_\_\_\_\_ □ Manager □Manager Name: \_\_\_\_\_ □ Member Address: □Member Address: \_\_\_\_ ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ ☐ Other ☐Manager ☐ Manager Name: \_\_\_\_\_ □ Member Address: 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. Kimberly Campbell

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

#### CAMPBELL TAX & ACCOUNTING 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 11/19/2020.

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.

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: 05/06/2024 UBI Number: 604 671 082

LR Hobbe



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: 05/06/2024



Toll-Free: 1.888.449.2638

1.805.449.2638

Email: info@CorpNet.com



www.CorpNet.com



May 10, 2024

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: Campbell Tax & Accounting LLC

To whom it may concern:

The Enclosed Application by Foreign LLC and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$155.00 made payable to the FL Dept of State. For information in regards to this filing, please contact me at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Sr. Document Analyst CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



### 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:

	Limited Liability Company; must include "Limited	
ame unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	rida. The alternate name must include "Limited Liability Company," "L.L.C." or "L
Washington		
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3. (FEI number, if applicable)
Date of Registration		
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) e penalty fiability)
18312 122nd St E		18312 122nd St E
et Address of Principal Office)		6(Mailing Address)
Bonney Lake		Bonney Lake
WA, 98391		WA, 98391
Name and street addre	is of Florida registered accept. (B.O. B	
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box  Registered Agents Inc.	
Name:	Registered Agents Inc.	NOT acceptable)
Name:	Registered Agents Inc. 7901 4th St N Ste 300	NOT acceptable)

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: Kimberly Campbell □ Manager □Manager Address: \_\_\_\_\_ □Member □Member Address: \_\_\_\_\_ **BONNEY LAKE** ☐ Authorized ☐ Authorized Washington, 98391 Person Person Other\_\_\_ ☐ Other □Other\_\_ □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_ □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other\_\_ ☐Other\_ Other\_ Other\_\_\_\_ ☐ Manager Name: \_\_\_\_\_ ☐Manager Name: \_\_\_\_\_ ☐ Member Address: □Member Address: \_\_\_\_ ☐ 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. Kimberly Campbell

Typed or printed name of signer



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OF

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Issued Date: 05/06/2024 UBI Number: 604 671 082

LR Hobbie

STATE ON WASHING

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: 05/06/2024