Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000202214 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 128898680881 Phone : (387)260-2803 Fax Number : (813)436-5266

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### Foreign Limited Liability Company EYN Enterprises, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

W. Brumpish

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

IN COMPLIANCE WITH SECTION 695,0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

EYN Enterprises, LLC (Name of Foreign	Limited Liability Company; must include "Limite	d Liability Com	pany," "L.L.C" or "LLC.")		
(If name unavailable, enter alternate a Washington 2.	name adopted for the purpose of transacting husiness in F	92	e name must include "Limited Liability (	Tempany," "L.H. C.T or "LLC.")	
2. Unisdiction under the law of which foreign limited liability company is organized)		3.		(FEI number, if applicable)	
4.	(Date first transacted business in Florida, 31 prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) one penalty habilit	**		
7901 4th St N STE 300 5.		7901 6.	7901 4th St N STE 300		
(Street Address of Principal Office)		<del></del>	(Mailing Address)		
St. Petersburg FL 3370	2	St. P	etersburg FL 33702	<del> </del>	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	table)	70211.1	
Name:	Northwest Registered Agent LLC		_	0 N	
Office Address:	7901 4th St N STE 300		_	2: 17	
	St. Petersburg		. Florida 33702		
	(City)	· · <del>-</del>	(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.

AM .			
	(Registered agent's signature)	 	

6/10/2024 07:39:00 PDT: To: 18506176383 Page; 3/4 Fax; 8134365206

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: EYN Revocable Trust □Manager Name: □ Manager □ Member Address: **X** Member Address: PO BOX 709 □ Authorized □ Authorized CAMAS WA 98607-0709 Person Person Other\_\_\_\_Other\_\_\_ □ Other\_\_\_\_\_ Other\_\_\_\_ □Manager Nume: ☐ Manager Name: ☐ Member Address: Address: ☐Member []Authorized □ Authorized Person Person □Other □Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: ∐Manager ∐Manager Name: Address: Address: □ Member □ 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. 1434 Grows ke Nat Smith

Typed or printed name of signee



I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

## EYN ENTERPRISES, 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 09/16/2022.

1 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: 06/07/2024 UBI Number: 604 969 134

R Hohlie



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

Steve R. Hobbs, Secretary of State

Date Issued: 06 07 2024