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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
XX	РНОТОСОРУ		
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XX	FILING	FOREIGN LLC	
	LNI TRANSPORTAT	FION CONSULTING, LLC	
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COVER LETTER

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Registration Section **Division of Corporations**

TO:

	Nan	ne of Limited Liability Company		
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florid		
lease return a	ll correspondence concerning this matter	to the following:		
	Leslie N. Jacobson			
	Name of Person			
	ENJ Transportation Consulting, LLC Firm/Company 2638 239th St SW Address			
	Brier, WA 98036			
	City/State and Zip Code			
	les.n.jacobson@comcast.net			
	E-mail address: (to b	pe used for future annual report notification)		
for further info	ormation concerning this matter, please co	all:		
Les J	acobson	425 418-6612 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
	ng Address:	Street Address:		
~	stration Section	Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations		
		The Centre of Tallahassee		
t ana	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Please	sed is a check for the following amount: e make check payable to: FLORIDA DE 25.00 Filing Fee	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:

	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC."
Washington State		2	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	S(FEI numb	er, it applicable)
	Due for the rain house of Clarks of season	And Parkers	
	(Date first transacted business in Florida, if prior to to (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) re penalty liability)	
2638 239th St SW		2638 239th St SW	
eet Address of Principal Office)		6. (Mailing Address)	
Brier, WA 98036		Brier, WA 98036	
			
None and stand address	os of Florido amintando asset. (P.O. Day	NOT and the lay	25 C
ivame and street augres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	Danisaan I Amana Calasiana In		
Name:	Registered Agent Solutions, Inc.		
	2894 Remington Green Ln., Ste. A		
	2074 Remington Green Ell., Ste. 71		₩ %
Office Address:			G
Office Address:	Tallahassee	32308	
Office Address:	Tallahassee (City)	32308, Florida(Zip code)	<u> </u>

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]:

□Manager Name:	Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Authorized Brier, WA 98036 GAuthorized Person Person Other_ O	■Manager	Name: Leslie N. Jacobson	□Manager	Name:	
Authorized	□Member	Address: 2638 239th St SW	□Member	Address:	
□Other	□Authorized	Brier, WA 98036	□Authorized		
□Manager Name:	Person		Person		
Member Address:	□Other	Other	□Other	_ _	□Other
Authorized	□Manager	Name:	□Manager	Name:	
Person	□Member	Address:	□Member	Address:	
□Other □Other □Other □Other □Manager Name: □Manager Name: □Member Address: □Member Address: □Authorized □Authorized	□Authorized		□Authorized		
□Manager Name:	Person		Person		
□Member Address: □Authorized □Authorized	Other	□Other	□Other		Other
□Member Address: □Authorized □Authorized		M	GM	News	
□ Authorized □ Authorized	·	Name:	⊔Manager	Name:	
	□Member	Address:	□Member	Address:	
Person Person	□Authorized		□Authorized		
	Person		Person		
□Other □Other □Other □Other	Other	□Other	Other		□Other

<u>Important Notice:</u> 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.

Ila Forder	
	Signature of an authorized person
Leslie N. Jacobson	

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

CERTIFICATE OF EXISTENCE

OF

LNJ TRANSPORTATION CONSULTING, 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 12/14/2023.

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: 07/03/2024 UBI Number: 605 376 461

RHohre



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

Steve R. Hubbs, Secretary of State

Date Issued | 07/03/2024