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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

DELYSTER SO AN ION INC. IN CO. IN CO.

*Enter the email address for this business entity to be used for future and another mailings. Enter only one email address please.**

Email Address:_____

Foreign Limited Liability Company VSG LLC

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

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Help

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

IN COMPLIANCE WITH SECTION (05)(802, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED (LABILITY COMPANY) TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. VSG LLC (Name of Foreign	Limited Liability Company; must include "Limited	d Liability Comp	ony,""L.L.C.," or "LLC.")		
¸ WA	name adopted for the purpose of transacting business in FI		r name must inclinde "Elimited Liability Com 2872474	puns ("TELL C." or "LLC.")	
thatsdiction under the law of v	(Date his) trays and business in Florida, Company		(Fld number, if apole,	जिल्हे । जिल्हे	
(Date hist transacted business in Florida, if prior time (Nec sections 60) 1990 to 60) 0905, ES to determine 4400 NE 77th Ave 5. (Street Address of Principal Office)		241	2415 S Trail View CT		
Suite 275 Vancouver, WA 9	98662	Ridç 	gefield, WA 98642		
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accept	able)	7,17,17	
Name:	Registered Agents Inc		-	ZÜZ+ _IUI. 29	
Office Address.	7901 4TH ST N STE 300	 -	-		
	ST. PETERSBURG		, Florida Zapede	2:44	

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.

(Registered algerity 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:	itle or Capacity: Name and Address:		Title or Capacity:	
□Manager	Name: Alexander, Devon	□Manager	Name.	
■ Member	Address:	□Member	Address: _	
□Authorized	4400 NE 77th Ave STE 275	□Authorized		
Person	Vancouver, WA 98662	Person		
COther	Other	□Other		
□Manager	Nume:	C)Manager	Nume:	
□Member	Address:	□Member	Address:	
[]Authorized		□(Anthorized		
Person		Person		
□Other	□Other	[]Other		Other
LIManager	Name:	L. Manager	Name:	
□Member	Address:	□Member	Address:	
CiAuthorized		□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.

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 8.817.185, F.S.

Robins of an authorized person

Robin Jones

^{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)



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

VSG 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 02/16/2023.

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.

1 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: 07/26/2024 UBI Number: 605 073 719

K Hohhre



O you ender my hand one the Scal of the State of Washington at Olympia, the State Capital

Steve R. Hebby, Secretary or State

Date 188 red 107/26/2024