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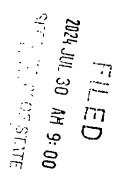
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(Address)						
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AUG - 2 2024

# **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations		2.					
21:12:11	American Reporting Company, LLC							
Name of Limited Liability Company								
		Company for Authorization to Transact Business in Florida," Certif referenced foreign limited liability company to transact business in						
Please	return all correspondence concerning this matter	to the following:						
	François Madath							
		Name of Person						
American Reporting Company, LLC								
		Firm/Company						
	6628 212th Street SW Suite 202							
	Address							
	Lynnwood WA 98036							
City/State and Zip Code								
	francoism@arcreports.com							
	E-mail address: (to b	e used for future annual report notification)						
For fur	ther information concerning this matter, please ca	all:						
	François Madath	425 985-1867 at ( )						
	Name of Contact Person	Area Code Daytime Telephone Number						
	Mailing Address: Registration Section	Street Address: Registration Section						
	Division of Corporations	Division of Corporations						
P.O. Box 6327		The Centre of Tallahassee						
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEI  \$125.00 Filing Fee  Certificate	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certific						

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. American Reporting Co	Limited Liability Company; must include "Limited	Li Jahiling Cor	mnan: "" [ [ C " oc" [ (C")		_
(.vame of roleigh	Entition Caronity Company, must include Tarinto	o Claumity Co.	inpany, Education of EEC.		
Li carre una sulable parer abornare	name adopted for the purpose of Immaeting business in Fl	arids. The also	and a grown grown well-will will be said I said	h. C "#! ! C	<del></del>
	-			my Company, "LLC, or	TLIX, I
State of Washington, US		3	-0890312		
(Jurisdiction under the law of w	high foreign limited liability company is organized)		(FEI number,	if applicable)	_
n/a					
	(Date first transacted business in Florida, if prior to (See sections 605,0004 & 605,0005, F.S. to determine	egistration.) ne penalty liabil	ity)		
6628 212th Street SW.	Suite 202	san	ne		
Street Address of Principal Office)	-	U	(Mailing Address)		-
Lynnwood WA 98036					
				<u> </u>	_
				· 2	
					- ''77
				: <u>\</u> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12274
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acce	ptable)	•	- <del>  </del>
					1 1 1
Name:	Registered Agent Solutions	s, Inc.		ي 🚊	$\cup$
raine.			<u> </u>	건 건 전	
Office Address:	2894 Remington Green Ln.	, Ste. A	<u> </u>	,,, <b>,</b>	
Office Address.					
Office Address.	Tallahassee		Florida 32308		
Office Address.	Tallahassee		Florida		
egistered agent's accept laving been named as reg esignated in this applicat o comply with the provision	(City)	registered	. Florida (Zip code)  the above stated limited liai agent and agree to act in t	his capacity. I furt	ther agre

(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:
■Manager	Name: Blake Matheson	□Manager	Name:
□Member	Address: PO Box 782	□Member	Address:
□Authorized	Pebble Beach CA 93953	■ Authorized	6628 212th Street SW Lynnwood WA 9
Person		Person	François Madath
□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	Other
indexed individuals  9. Attached is a cert	ise an attachment to report more than six (6 may be added to the index when filing you ifficate of existence, no more than 90 days one law of which it is organized. (If the certification)	r Florida Department of State	e Annual Report form.  official having custody of records in the

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

Francois Madath

Typed or printed name of signee





# Secretary of State

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

## CERTIFICATE OF EXISTENCE

OF

### AMERICAN REPORTING COMPANY 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 09/11/2002.

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: 03/01/2024 UBI Number: 602 233 302



- 1999

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

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 03/01/2024