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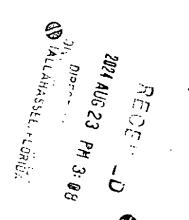
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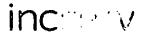
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v Roumhlev

Incorporating Services, Ltd.

1540 Genway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State FROM Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

REQUEST DATE 8/23/2024 PRIORITY Regular Approval OU

OUR REF # (Order ID#) 1280440

850.656.7953

ORDER ENTITY

THE RETIREMENT SOLUTION LLC

850-245-6051

PLEASE PERFORM THE FOLLOWING SERVICES:

THE RETIREMENT SOLUTION LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Friday, August 23, 2024 Page 1 of I



FLORIDA DEPARTMENT OF STATE Division of Corporations.

August 26, 2024

INCSERV

Please honer the original selmestical date that the three tite date thanks? I

SUBJECT: THE RETIREMENT SOLUTION LLC

Ref. Number: W24000120952

We have received your document for THE RETIREMENT SOLUTION LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$916.25.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones Regulatory Specialist II

Letter Number: 924A00019043

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2024 AUG 27 PH 2: 50

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. THE RETIREMENT SOLUTION LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name answellable, carer alternate name adopted for the purpose of transacting business in Florics. 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) (FEI number, if applicable) 10/8/2021 - F21000005776 (Date first transacted business in Florids, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 18300 REDMOND WAY STE 250 18300 REDMOND WAY STE 250 (Street Address of Principal Office) REDMOND, WA 98052 REDMOND, WA 98052 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATE CREATIONS NETWORK INC Name: 801 US HWY 1 Office Address: NORTH PALM BCH (Chy) 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.

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:		
≅ Menager	Name: BLACK, JAMES	□Manager	Name:			
OMember	Address: 9744 CARILLON PARK DR	Member	Address:			
☐ Authorized	WINDERMERE, FL 34786	☐ Authorized				
Person		Person	•	7.		
□Other		Other		Other		
			 '			
□Маладег	Name:	☐Menager	Name:			
□Member	Address:	OMember				
☐ Authorized		☐ Authorized	_			
Person		Person				
D0ther		□Other		OOtber		
□Manager	Name:	□ Manager	Name:			
□Member	Address:	ПМетьет				
O Authorized		□ Authorized				
Person		Person				
□0ther	Other	□Other		Other		
mountant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-ndexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Anached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the unisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath if the translator must be submitted)						
This document is ubmitted in a docum	executed in accordance with section 605.2 ent to the Department of State constitutes a	203 (1) (b), Florida Statutes, third degree felony as provid	ed for in s.817.1:	ny false information 55, F.S.		
JAMES BLACK						
Types or printed name of signer						

The State of Washington

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

THE RETIREMENT SOLUTION 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 01/12/2007.

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: 08/22/2024 UBI Number: 602 685 664

STATE OF WASHING IN 1889 NOT IN 1889

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

ten R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 08/22/2024