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## **COVER LETTER**

,

TO: Registration Section Division of Corporations	:				
SUBJECT: Vancouver Colfax Prop	Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refer	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the	following:				
J Edward Foulon					
N	ame of Person				
Vancouver Colfax F	roperties LLC				
F	irm/Company				
9405 NE 10474 A	venue				
	Address				
Varcouver, WA 90 city/s	8663 tate and Zip Code				
ejsa foulon@co	mcast.net				
E-mail address: (to be use	d for future annual report notification)				
For further information concerning this matter, please call:					
J Edward Foulon	at (360) 608-6275				
Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
rananassee, r E 525 (4	Tallahassee, FL 32303				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR'  □ \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of St	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate				

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

	TION 605.0902, I-LORIDA STATUTES, THE FOI SINESS INTHE STATE OF FLORIDA:	LOWING	S SUBMITTED	TO REGIS	TER A FO	REIGN LIMITE	D I IABII TY
1. Vancouver C	Olfax Properties (Camined Limited Limited Limited Limited Limited Limited	Cability	owness # 50 C	70c 41 1 (7 %	<del></del>	- <del></del>	_
(Name of Poleign i	.mnted Liability Company; must include Limited !	гляонну С	ompany, L.L.C.,	or LLC.	,		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alte	ernate name must inclu	de "Limited	Liability Cor	npany," "L.L.C," or	TLLC:")
Washington	1	2	85-20	477	291		
(Arrisdiction under the law of wh	nich foreign limited liability company is organized)	ے. ۔۔	0-	(FEI nu	nber, if apple	cable)	_
•							
<del></del>	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) penalty lizi	behiy)	<del></del>	<del></del>		
5. 1/10 Santa	Rosa Blvd. #C301	6	(Mailing Address)	NE	104	# Ave	
Fort Walter	1 Beach FL		Vancou	المه ر <u>,</u>	WA	98662	_
	32548				<u></u>	7-0	
7. Name and street address	s of Florida registered agent: (P.O. Box)	NOT_acc	ceptable)			24001-9	- :
Name:	Kristine A. Moran					~.1 :	
Office Address:	30 Osage Court		<del>_</del>		e. e.	19 19	
	Destin (City)		, Florida _	32541 (Zip code)			
designated in this applicat to comply with the provision	cistered agent and to accept service of price of prices, I hereby accept the appointment as cons of all statutes relative to the proper a of my position as registered agent.	registere nd comp	ed agent and ag plete performan	ree to ac	t in this c	apacity. I fur	ther agree
	Wrightine S. Man						
	(Registered agent's sig	mature)					

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage lup to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Jolynn A Name: JEdward Foulon Manager **X** Manager Address: 9405 NE 104TH Ave ₩Member ∭Member Vancouver, WA Vancouver, WA ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ Address: Address: □Member □Member ☐ Authorized □ Authorized Person Person □Other\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_ □Other Name: \_\_\_\_\_ Name: □Manager □Manager □Member Address: \_\_\_\_\_\_ Address: \_\_\_\_\_\_ □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.

# 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** 

## VANCOUVER COLFAX PROPERTIES 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 08/18/2020.

**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.

**1 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: 10/07/2024 UBI Number: 604 651 083

LR Hobbe



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

Steve R. Hobbs, Secretary of State

Date Issued: 10/07/2024