11/15/24, 3.27 PM

Division of Corporations

Florida Department of St. 14538

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MYLLC.COM, INC. Account Number : I20130000077 Phone : (888)886-9552 Fax Number : (888)776-9552

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Service@myllc.com

Foreign Limited Liability Company Indian River Surplus LLC

Certificate of Status	0
Certified Copy	1
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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: Indian River Surplus LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unevailable, exter alternate name adopted for the purpose of transacting bustness in Florids. The alternate same must include "Limited Liability Company," "L.L.C." or "LLC.") 2. Washington 3. 33-1915287 (Fal aumber, if applicable) (Arriadiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6. <u>9208 NE Hwy 99, Ste 107-233</u> 10407 NE 22nd Place (Mailing Address) (Street Address of Principal Office) Vancouver, WA 98686 Vancouver, WA 98665 7. Name and attest address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 3458 Lakeshore Drive Office Address: Tallahassee (City)

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 und complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Louise Breytenbach on behalf of InCorp Services, Inc.

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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: William Lawson	☐Manager Name	::		

□Manager	Name: William Lawson	☐ Manager	Name:	
■ Member	Address:	(] Мстbет	Address:	
□Authorized	10407 NE 22nd Place	Authorized		
Person	Van∞uver, WA 98686	Person		
Other	Other		Other	
		•		
□Manager	Name:		Name:	
□Member	Address:		Address:	
□Authorized				
Person		Person		
□Other	Other	□ Other	Other	
□Manager	Name;	Manager	Name;	
☐ Mambar	Address:		Address:	
□Authorized				
Person		Person		
□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 8.817.155, F.S.

William Jam	2,
	Signature of an authorized person
William Lawson	
	Typed or printed name of surnee

-2200

MEX ?



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

INDIAN RIVER SURPLUS 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 11/06/2024.

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: 11/15/2024 UBI Number: 605 637 742

R Hohlie



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: 11/15/2024

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