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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

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

Foreign Limited Liability Company WEST COAST HAY CO LLC

Certificate of Status	0
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Page Count	04
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 805,0802, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Einsted Fiability Company, must include "Limite	d Crabilit	Company, "L.L.C." or "LLC.")	······································	
H name unavarlable, enter alternate	name adopted for the purpose of transacting business in E	lorala The	alternate name mass melade "Limited Emb	other Company " "L.L.C." or "LL	.C ")
Washington		3.	540860699		
thursdiction under the law of which foreign limited Gability company is organized.		- '	(FEI mumber	, il applicable)	
ı	(Date first transacted business in Florida, if prior to	negistration			
	(See sections 605 1904 & 605 (9015, a. S. to determ	me penalty	nabdayi		
7901 4th St N STE 300		6	7901 4th St N STE 300		
(reet Address of Principal Office)		υ,	(Mailing Address)		
St. Petersburg FL 3370	02		St. Petersburg FL 33702	·	
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)	SEL NET	
Name:	Registered Agents Inc			7 19	9
Office Address.	7901 4th St N STE 300		-	PH 2:	1
	St. Petersburg		, Florida ³³⁷⁰²	29	
	(City)		(Zip code)		

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.

Dies Refrice	 	
(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:	□Manager	Name:
− − Ø Member	Address: 7901 4th St N STE 300	□Member	Address:
□ Authorized	St. Petersburg FL 33702	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
[]Authorized		□ Authorized	
Person		Person	
□ Other	Other	□Other	Other
LiManager	Name:	∟!Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□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. Non-indexed 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 \$.817.155, F.S.

F1. NO 490.17		
	Signature of an authorized person	
Robin Jones		
-	Exped or printed name of sience	•



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

WEST COAST HAY CO LLC

1 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 06/28/2024.

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: +1/18/2024 UBI Number: 605 576 507

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• 232



Given ender my hand one the Seal of the State of Washington at Objinput offic State Capital

Steve R. Hobbs, Secretary of State

Date Issued, 11/18/2024