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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 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.

Email	Address:				

Foreign Limited Liability Company StateSide Electronics, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



Electronic Filing Menu Corporate Filing Menu

Help

To: 13506176383

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: StateSide Electronics, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. Fix alternate name must include "Limited Liability Company," "L.E.C." or "L.E.C.") Washington 83-1985672 (FEI number, it applicable) Hunsdiction under the law of which foreign funited 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 hability) 522 W RIVERSIDE AVE STE N 522 W RIVERSIDE AVE STE N (Street Address of Principal Office) (Mailing Address) Spokane WA 99201 Spokane WA 99201 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address.

Registered agent's acceptance:

St. Petersburg

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.

(City)

. Florida _ **3370**2

(..)

77-N-			
	(Registered agent's signature)	_ · -	

To: 18506176383

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: Lakefish, Heather	□Manager	Lakefish, Mark Name:
/i-plember	Address: 7901 4th St N STE 300	Extember	Address: 7901 4th St N STE 300
 □Authorized	St. Petersburg FL 33702	□Authorized	St. Petersburg FL 33702
Person		Person	
□Other	□ 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

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.

1/7% to 2010	TV	
	Signature of an authorized person	
Nat Smith		
	Exped or printed name of signer	-



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

STATESIDE ELECTRONICS, 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 09/25/2018.

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: 11/20/2024 UBI Number: 604 338 681

-R Hohlie



toxon under my hand and the Scal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 11/20/2024