## M25000009003

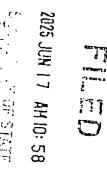
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### **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	Cherry Valley Land, LLC							
.,013.		Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida." Certificate of e referenced foreign limited liability company to transact business in Florida.						
Please	return all correspondence concerning this matter	to the following:						
	Christopher Chicoine							
		Name of Person						
	Cherry Valley Land, LLC							
	Firm/Company							
	PO Box 1664							
Address								
	Duvall, WA 98019							
	City/State and Zip Code							
	chris@cherryvalleyland.com							
	E-mail address: (to b	be used for future annual report notification)						
For fu	rther information concerning this matter, please c	all:						
	Christopher Chicoine	206 471-0497 at ( )						
	Name of Contact Person	Area Code Daytime Telephone Number						
Mailing Address:		Street Address:						
Registration Section Division of Corporations P.O. Box 6327		Registration Section Division of Corporations						
		The Centre of Tallahassee						
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810						
		Tallahassee, FL 32303						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  S125.00 Filing Fee S130.00 Filing F  Certificate	Fee &   \$\Bigcup\$ \$155.00 Filing Fee &   \$\Bigcup\$ \$160.00 Filing Fee, Certificate						

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

	TION 605.0902, FLORIDA STATUTES, THE F ISINESS IN THE STATE OF FLORIDA:	OLLOWING IS	SUBMITTED TO REGISTER .	4 FOREIGN T	JMITEE.	) I JABII JTY
Cherry Valley Land, Ll	LC					
	Limited Liability Company; must include "Limite	d Liability Com	pany," "L.L.C.," or "LLC.")			_
Cherry Valley Land Comp	pany, LLC					
(If name unavailable, enter alternate :	name adopted for the purpose of transacting business in F	lorida. The alterna	te name must include "Limited Liabil	ity Company," "L.	1C," or "	LLC.")
State of Washington						
2. Ourisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number,	if applicable)		_
4.						
··· -	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) tine penalty liabilit	y)	_		
7826 Leary Way NE. S	STE 201		30x 1664			
5. (Street Address of Principal Office)		О	(Mailing Address)			_
Redmond, WA 98052		Duv	all, WA 98019			
						<del>-</del>
						_
				(7) 	2025 JUN 17	
<ol><li>Name and street address</li></ol>	ss of Florida registered agent: (P.O. Box	NOT accep	table)	10.00	ال ز	<b>-T</b>
					=	12777 1244 Talliton
Name:	Registered Agents, Inc.			?	7	1 - 10
Name.			_	01 c) [1] 7.	AH 10:	Tames 1
Office Address:	7901 4th St N., STE 300			- 100 - 110	<u>:</u>	اسم
Office Address.			<del>_</del>	: - <u>: - : - : - : - : - : - : - : - : -</u>	58	
	St. Petersburg		33702 , Florida	·		
	(City)		(Zip code)	_		
Designand agent's agen	tanaa					
Registered agent's accep Having been named as re	nance. egistered agent and to accept service of	process for t	he above stated limited lia	bility compa	ny at th	ie place
	tion, I hereby accept the appointment of					
	ions of all statutes relative to the prope s of my position as registered agent.	r ana compie	te perjormance oj my aut	es, una 1 um	jumui	ar wan
	David X	Sherts.				
	(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 Capacit	y: Name and Address
■Manager	Name: Christopher Chicoine		Name:
■Member	Address: PO Box 1664	□Member	Address:
□Authorized	Duvall, WA 98019	□Authorized	
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	□Other

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.

of the translator must be submitted)



# 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

### CHERRY VALLEY LAND, 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 12/11/2024.

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: 06/13/2025 UBI Number: 605 647 494

LR Hobbe



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

Steve R. Hobbs, Secretary of State

Date Issued | 06/13/2025