

Division of Corporations

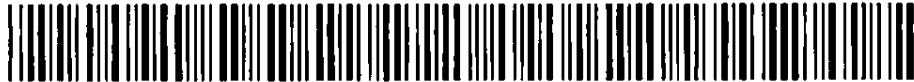
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: annualreports@costco.com

RECEIVED
APR 29 PM 4:25
CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FL
2026 APR 29 AM 11:33
FILED

Foreign Limited Liability Company
Costco-Innovel Properties LLC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX
JUL 1 2026

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:

1. Costco-Innovel Properties 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the laws of which foreign limited liability company is organized) 3. 36-4970556 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 999 Lake Drive (Street Address of Principal Office) Issaquah, WA 98027 6. 999 Lake Drive (Mailing Address) Issaquah, WA 98027

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

FILED 2026 Apr 28 AM 11:33 SECRETARY OF STATE TALLAHASSEE, FL

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.

By: C T Corporation System /s/ James Tanks III, Assistant Secretary (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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Costco-Innovel Holding Corporation</u>	<input type="checkbox"/> Manager	Name: <u>Joe A. Moore</u>
<input checked="" type="checkbox"/> Member	Address: <u>999 Lake Drive</u>	<input type="checkbox"/> Member	Address: <u>999 Lake Drive</u>
<input type="checkbox"/> Authorized Person	<u>Issaquah, WA 98027</u>	<input type="checkbox"/> Authorized Person	<u>Issaquah, WA 98027</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>John Sullivan</u>	<input type="checkbox"/> Manager	Name: <u>Rainey Astin</u>
<input type="checkbox"/> Member	Address: <u>999 Lake Drive</u>	<input type="checkbox"/> Member	Address: <u>45940 Horseshoe Drive</u>
<input type="checkbox"/> Authorized Person	<u>Issaquah, WA 98027</u>	<input type="checkbox"/> Authorized Person	<u>Suite 150</u> <u>Sterling, VA 20166</u>
<input checked="" type="checkbox"/> Other <u>President/Treasurer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Assistant Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Gary D. Swearingen</u>	<input type="checkbox"/> Manager	Name: <u>Tony Dattilo</u>
<input type="checkbox"/> Member	Address: <u>999 Lake Drive</u>	<input type="checkbox"/> Member	Address: <u>999 Lake Drive</u>
<input type="checkbox"/> Authorized Person	<u>Issaquah, WA 98027</u>	<input type="checkbox"/> Authorized Person	<u>Issaquah, WA 98027</u>
<input checked="" type="checkbox"/> Other <u>VP/Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Assistant Secretary</u>	<input type="checkbox"/> 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 s.817.155, F.S.



 Signature of an authorized person

Gary D. Swearingen

 Typed or printed name of signee

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COSTCO-INNOVEL PROPERTIES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in black ink that reads "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203745357

Date: 04-24-26

7292492 8300

SR# 20262017610

You may verify this certificate online at corp.delaware.gov/authver.shtml