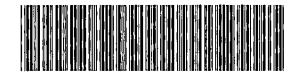
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COVER LETTER

1.1

TO:	Registration Section Division of Corporations				
SUBJE	Events Unlimited, LLC				
30000		Name of Limited Liability Company			
The end Existen	losed "Application by Foreign Limited Liabilities, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida, we referenced foreign limited liability company to transact busi	," Certificate of iness in Florida		
Please r	eturn all correspondence concerning this matte	er to the following:			
	Julia Avalon				
		Name of Person	-		
	Events Unlimited, LLC				
Firm/Company					
	PO BOX 19856				
		Address	2022		
		2022 JAN 12 PM 4: 45			
		City/State and Zip Code	72		
	accounting@eventsunlimited.com	City/State and Zip Code	12 PM 4		
	E-mail address: (to	be used for future annual report notification)	·		
For furt	her information concerning this matter, please	call:	- 5		
	Julia Avalon	5037180999 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number	-		
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		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 D ■ \$125.00 Filing Fee □ \$130.00 Filing Certificat	EPARTMENT OF STATE			

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:

l. Events Unlimited, LLC		11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
(Name of Foreign Events Unlimited FI, LLC	Limited Liability Company, must include "Limited	d Liability Company," "L.E.C.," or "LLC.")	
(If name unavailable, enter alternate t	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Lin	ability Company," "L.L.C," or "LLC.")
Oregon 2.		830392401	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numb	er, if applicable)
N/A 4.			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty hability)	
10675 SW Manhasset 5.		PO BOX 19856 6. (Mailing Address)	
(Street Address of Principal Office)		(Mailing Address)	
Tualatin OR 97062		Portland OR 97280	
			2022
			2022 JAN 12
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	(C) ***
Name:	Registered Agents Inc.		The second secon
Office Address:	7901 4th St N Suite 300		=
	St Petersburg	33702 . Florida	
	(Cny)	(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.

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Julia Avalon Name: □Мапаger Name: ■ Manager PO BOX 19856 Address: □Member Address: □Member Portland, OR 97280 □ Authorized ☐ Authorized Person Person Other____ ☐ Other □Other _____ Other Name: _____ Name: _____ □Manager ☐ Manager □Member Address: Address: _____ □Member □ Authorized ☐ Authorized Person Person □Other____ ☐Other___ Other ___ □Manager Name: _____ □Manager Name: Address: □Member Address: _ ☐Member ☐ 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. Qulia Avalor Signature of an authorized person

Typed or printed name of signee

Julia Avalon

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 789X941U5

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

EVENTS UNLIMITED, LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

1/10/2022