## M220001574

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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### **COVER LETTER**

TO:

BJECT:	Œ 192, LLC ■			
	Nam	e of Limited Liability Company	_	
		Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus		
ise return all cor	respondence concerning this matter t	to the following:		
S	hawn Moomey			
_		Name of Person	-	
P	LACE 192, LLC			
_		Firm/Company	_	
2	211 Rimland Drive Suite 124			
_		Address	-	
R	sellingham WA, 98226			
<del></del>		Y. (C. ) 17' (C. )	خ-٦ -	
		City/State and Zip Code	د ب سام	
ent	ities@place.com			
	E-mail address: (to be	e used for future annual report notification)	(3	
further informat	ion concerning this matter, please ca	D:		
Shawn Moomey		425 330-6079		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		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		

## 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:

(Name of Foreign	Limited Liability Company; must include "Limited	i Liaome	y Company, L.E.C., or LLC, )	
name unavailable, enter alternate r	same adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Liabi	hty Company," "L.L.C," or "
Washington State		,		
(Jurisdiction under the law of w	hieli foreign limited liability company is organized)	3.	(FEi number,	if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration ne penalty	n.) · liability)	
2211 Rimland Drive Suite 124		6.	2211 Rimland Drive Suite 124	
et Address of Principal Office)		0.	(Mailing Address)	ري سئ
Bellingham WA, 98226		Bellingham WA, 98226		1835
				t .2
Name and street addres	s of Florida registered agent: (P.O. Box	NOT :	acceptable)	74 #
				5
Name:	Registered Agent Solutions, I	nc.		
Office Address:	155 Office Plaza Dr. Suite A			
	Tallahassee		32301 . Florida	
	(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.

Adam Saldana, Asst. 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
■Manager	Name: Ross Clawson	□Manager	Name: Shawn Moomey	
□Member	Address: 2211 Rimland Drive Suite 124	□Member	Address: 2211 Rimland Drive Suite 124	
□Authorized	Bellingham WA, 98226	Authorized	Bellingham WA, 98226	
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	

<u>Important Notice:</u> 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

Show L Money

Types or printed name of signee

# 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

PLACE 192, LLC

26731

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 10/10/2022.

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: 01/30/2023 UBI Number: 604 974 980



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

Atten R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 01/30/2023



January 6, 2023

SHAWN MOOMEY 2211 RIMLAND DRIVE STE 124 BELLINGHAM, WA 98226 US

SUBJECT: PLACE 192, LLC Ref. Number: W23000001230

We have received your document for PLACE 192, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

RFCEIVED

Letter Number: 023A00000418