W230003784

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S. FRANKLIN

MAR 2 4 2023

COVER LETTER

(e) (e)

JBJECT:	Compact Information Systems, LLC				
OBJEC I	Name of Limited Liability Company				
ne enclose cistence, a	ed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.			
ease retur	n all correspondence concerning this matter t	to the following:			
	Tori Ellison				
		Name of Person			
	Compact Information Systems, LLC				
		Firm/Company			
	PO Box 140	<u>'</u> .			
		Address			
Redmond, WA 98073		· ¬;			
		City/State and Zip Code			
	Tori@deepsync.com	ل-			
	E-mail address: (to be	e used for future annual report notification)			
or further	information concerning this matter, please ca	all:			
Tori Ellison		239 425-4292 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations The Centre of Tallahassee			
	O. Box 6327 illahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Ple	nclosed is a check for the following amount: ease make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ce & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificat			

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

IN COMPILANCE 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. Compact Information S	ystems, LLC Limited Liability Company; must include "Limited	1 1 · 1 · 1·			
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability	Company, L.L.C., or "LLC.)		
It name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. T he a	iternate name must include "Limited Liability	Company," "L.L.C." or "LI	
Washington		3	91-1542980		
2. (Ourisdiction under the law of which foreign limited liability company is organized)		<i>J</i> .	3. (FEI number, :f applicable)		
09/01/2022					
-	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration, ne penalty l) ability)	-	
7120 185th Ave NE			7120 185th Ave NE		
treet Address of Principal Office)		٠	(Mailing Address)		
Redmond, WA 98052		I	Redmond, WA 98052		
		-			
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	eceptable)	2:	
Name:	C T Corporation System		<u>-</u>	2 2	
Office Address:	1200 S Pine Island Rd #250				
	Plantation		33324 , 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.

Joe Davis, 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Joseph P. Wiley	□Manager	Name: Phillip Sabin
■ Member	Address:	□Member	Address: 7120 185th Ave NE
■ Authorized	Redmond, WA 98052	■ Authorized	Redmond, WA 98052
Person	MGRM	Person	MGR
□Other	Other	□Other	Other
≘ Manager	Name:	□Manager	Name:
■Member	Address:	□Member	Address: PO Box 140
■ Authorized	Redmond, WA 98052	■ Authorized	Redmond, WA 980732
Person	MGRM	Person	MGR
□Other	Other	□ Other	□Other
≘ Manager	Name: Pieter De Temmerman	□Manager	Name:
■Member	Address: 7120 185th Ave NE	□Member	Address:
□Authorized	Redmond, WA 98052	□Authorized	
Person	MGRM	Person	
□Other	Other	□Other	□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.

Ton Ellison

Tori Ellison



Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

COMPACT INFORMATION SYSTEMS, LLC

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: 02/15/2023 UBI Number: 601 362 801

STATE OF STA

THE STREET

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

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 02/15/2023



February 10, 2023

TORI ELLISON P O BOX 140 REDMOND, VA 98073 US

SUBJECT: COMPACT INFORMATION SYSTEMS, LLC

Ref. Number: W23000018227

We have received your document for COMPACT INFORMATION SYSTEMS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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

Letter Number: 523A00003277

RECEIVED

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