

Secretary of State

Application to Register a Foreign Limited

Liability Company (LLC)



LLC-5

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

For Office Use Only

-FILED-

File No.: 202463911025 Date Filed: 9/17/2024

California Franchise Tax Board each year. For more information, go t https://www.flb.ca.gov/ .	0	This Space Fo			or Office Use Only		
1a. LLC Name (Enter the exact name of the Li.C as listed on your attached	d Certificate of Goo	d Standing	g.)				
Smart Source of Seattle LLC					·		
1b. California Alternate Name, if Required (Only enter an alternate	te name if the LLC	name in 1	a not available in	California.)			
			· · · · · · · · · · · · · · · · · · ·	<u>_</u> " •			
LLC Jurisdiction (Ensure that the jurisdiction matches the attached (Certificate of Good	Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)	· , ,						
Delaware							
b. Authority Statement (Do not after Authority Statement)							
This LLC currently has powers and privileges to conduct busine	ess in the state,	foreign	country or pla	ce enter	ed in Ite	m 2a.	
3. Business Addresses (Enter the complete business addresses, Ite	ms 3a and 3b cann	ot be a P.	O. Box or "in care	of" an Indi	vidual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	,	City (no abbreviations)			Zip Code		
7270 McGinnis Ferry Road	Suwanee			GA	30024		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code		
	•			CA			
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	∕ 3a3b						
d. Malling Address - if different than item 3a or 3b	City (no abbreviat	y (no abbreviations)			Zip Code		
4. Service of Process (Must provide either Individual OR Corporation.)	····		<u> </u>	<u> </u>	··· <u>-</u>	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	name and Californi	a street a	ddress.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Middle Name Last Name				Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviat	ions)		State	Zip Co	de	
	<u>.</u>			CA			
CORPORATION - Complete Item 4c only. Only include the name of the	_	-	<u> </u>				
c. California Registered Corporate Agent's Name (If agent is a corporation) – Do no							
Corporation Service Company Which Will Do Business In Califo	irnia As CSC - L	awyers	Incorporating	Service			
5. Read and Sign Below (Title not required.)							
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC	herein is true a	ind com	ect and that I a	ım autho	rized to	sign	
on behalf of the foreign LLC.							
The state of the s	Wm C	Midaet	t				

Type and Print Name

Signature

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SMART SOURCE OF SEATTLE 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMART SOURCE OF SEATTLE LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2024.

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



Authentication: 204412864

Date: 09-17-24