



State of Rhode Island

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 SEP -3 PM 12:23

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Zones, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Washington		
3. The date of its organization is: 11/23/1988		
And the period of its duration is: CHECK ONE BOX ONLY		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Corporate Creations Network Inc.		
Street Address (NOT a P.O. Box) 10 Dorrance Street #700		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Comprehensive IT Solution Provider and all other lawful purposes permitted under applicable law.		
Check the box to indicate an attachment ☐		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 03 2021
BY [Signature] HHWCC
12:23

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

1102 15th Street SW, Suite 102, Auburn, WA 98001

8. The mailing address for the limited liability company is:

1102 15th Street SW, Suite 102, Auburn, WA 98001

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☐ By its members (If you have checked this box, **DO NOT** fill out the chart below)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
John Bauer	1102 15th Street SW, Suite 102, Auburn, WA 98001
Firoz Lalji	1102 15th Street SW, Suite 102, Auburn, WA 98001
Ken Kirkpatrick	1102 15th Street SW, Suite 102, Auburn, WA 98001
Jim Jiambalvo	1102 15th Street SW, Suite 102, Auburn, WA 98001

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC	Date
Saray Djidji, Attorney-in-Fact	09/02/2021

Signature of Authorized Person



Limited Power of Attorney

The undersigned Officer of Zones, LLC, a Washington entity ("the Company"), appoints Saray Djidji as attorney-in-fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Kevin Duteau, Special Manager grants to the attorney-in-fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Computershare Governance Services Inc. d/b/a Corporate Creations, 801 US Highway One, North Palm Beach, FL 33408

The undersigned has executed this Limited Power of Attorney effective as of this 2nd day of September 2021.

Zones, LLC

By: 

Name: Kevin Duteau

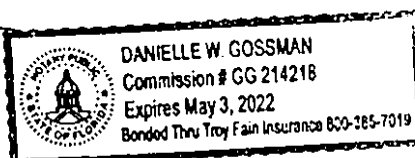
Title: Special Manager

STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 2nd day of September 2021.



Notary Public



UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ZONES, LLC

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 11/23/1988.

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: 09/02/2021
UBI Number: 601 130 496



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

A handwritten signature in black ink, reading "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 09/02/2021



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 03, 2021 12:23 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea
Secretary of State

