

Filed
Secretary of State
State of Washington
Date Filed: 11/28/2018
Effective Date: 11/28/2018
UBI #: 604 365 545

CERTIFICATE OF FORMATION

| UBI NUMBER | | |
|---|--|--------------------|
| UBI Number: 604 365 545 | | |
| BUSINESS NAME | | |
| Business Name BILLPAY LLC | | |
| REGISTERED AGENT | | |
| Registered Agent Name | Street Address | Mailing Address |
| NORTHWEST REGISTERED AGENT, LLC | 906 W 2ND AVE STE 100, SPOKANE, WA, 99201, UNITED STATES | |
| REGISTERED AGENT CONSENT | | |
| Customer provided Registered Agent consent? - Yes | | |
| DURATION | | |
| Duration: PERPETUAL | | |
| EFFECTIVE DATE | | |
| Effective Date: 11/28/2018 | | |
| OTHER PROVISIONS | | |
| Other Provisions: | | |
| PRINCIPAL OFFICE | | |
| Phone: Email: | | |

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Work Order #: 2018112600553342 - 1 Received Date: 11/26/2018 Amount Received: \$200.00

PACIFIC@NORTHWESTREGISTEREDAGENT.COM

Street Address:

906 W 2ND AVE STE 100, SPOKANE, WA, 99201-4540, UNITED STATES

Mailing Address:

EXECUTOR

Title Executor Entity First Last Type Name Name Name Address

EXECUTOR INDIVIDUAL MORGAN NOBLE 906 W 2ND AVE STE 100, SPOKANE, WA, 99201-

4540, UNITED STATES

RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

UPLOAD ADDITIONAL DOCUMENTS

Name Document Type

No Value Found.

UPLOADED DOCUMENTS

Document Type Source Created By Created Date

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EMAIL OPT-IN

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AUTHORIZED PERSON - STAFF CONSOLE

Document is signed.

Person Type:

INDIVIDUAL

First Name:

MORGAN

Last Name:

NOBLE

Title:

ORGANIZER

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INITIAL REPORT

UBI NUMBER

UBI Number: **604 365 545**

BUSINESS NAME

Business Name
BILLPAY LLC

REGISTERED AGENT

Registered Agent Name Street Address Mailing Address

NORTHWEST REGISTERED AGENT, 906 W 2ND AVE STE 100, SPOKANE, WA, 99201, UNITED LLC STATES

REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - Yes

EFFECTIVE DATE

Effective Date: **11/28/2018**

OTHER PROVISIONS

Other Provisions:

PRINCIPAL OFFICE

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GOVERNORS

Title **Governor Type Entity Name** First Name **Last Name ENTITY FUTDEAL LLC GOVERNOR GOVERNOR ENTITY** EYEDEA CONSULTING LLC NATURE OF BUSINESS Nature of Business: ANY LAWFUL PURPOSE RETURN ADDRESS FOR THIS FILING Attention: Email: Address: UPLOAD ADDITIONAL DOCUMENTS Name **Document Type** No Value Found. **UPLOADED DOCUMENTS Document Type** Source **Created By Created Date** No Value Found. **EMAIL OPT-IN** I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications. **AUTHORIZED PERSON - STAFF CONSOLE** Document is signed. Person Type: **INDIVIDUAL** First Name:

MORGAN

Last Name:

NOBLE

Title:

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