



Filed  
Secretary of State  
State of Washington  
Date Filed: 11/28/2018  
Effective Date: 11/28/2018  
UBI #: 604 365 542

## CERTIFICATE OF FORMATION

### UBI NUMBER

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UBI Number:  
**604 365 542**

### BUSINESS NAME

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Business Name  
**DRFACTOR LLC**

### REGISTERED AGENT

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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

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Customer provided Registered Agent consent? - **Yes**

### DURATION

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Duration:  
**PERPETUAL**

### EFFECTIVE DATE

---

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

### OTHER PROVISIONS

---

Other Provisions:

### PRINCIPAL OFFICE

---

Phone:  
Email:

**PACIFIC@NORTHWESTREGISTEREDAGENT.COM**

Street Address:

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

Mailing Address:

## EXECUTOR

---

<b>Title</b>	<b>Executor Type</b>	<b>Entity Name</b>	<b>First Name</b>	<b>Last Name</b>	<b>Address</b>
EXECUTOR INDIVIDUAL			MORGAN	NOBLE	906 W 2ND AVE STE 100, SPOKANE, WA, 99201-4540, UNITED STATES

## RETURN ADDRESS FOR THIS FILING

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Attention:

Email:

Address:

## UPLOAD ADDITIONAL DOCUMENTS

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<b>Name</b>	<b>Document Type</b>
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No Value Found.

## UPLOADED DOCUMENTS

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<b>Document Type</b>	<b>Source</b>	<b>Created By</b>	<b>Created Date</b>
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No Value Found.

## EMAIL OPT-IN

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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:

**ORGANIZER**



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## INITIAL REPORT

### UBI NUMBER

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### EFFECTIVE DATE

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**11/28/2018**

### OTHER PROVISIONS

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Other Provisions:

### PRINCIPAL OFFICE

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Phone:

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**PACIFIC@NORTHWESTREGISTEREDAGENT.COM**

Street Address:  
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Mailing Address:

## GOVERNORS

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Title	Governor Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	FUTDEAL LLC		
GOVERNOR	ENTITY	EYEDEA CONSULTING LLC		

## NATURE OF BUSINESS

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Nature of Business:

**ANY LAWFUL PURPOSE**

## RETURN ADDRESS FOR THIS FILING

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Attention:

Email:

Address:

## UPLOAD ADDITIONAL DOCUMENTS

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Name	Document Type
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No Value Found.

## UPLOADED DOCUMENTS

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Document Type	Source	Created By	Created Date
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Person Type:

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First Name:

**MORGAN**

Last Name:

**NOBLE**

Title:

**ORGANIZER**