Page 1 of 2



# **Limited Liability Company**

See attached detailed instructions

☐ Filing Fee \$180.00

☑ Filing Fee with Expedited Service \$230.00

This Box For Office Use Only

05/05/16 3171276-003 \$920.00 R tid:3239402

FILED

MAY 05 2016

WA SECRETARY OF STATE

UBI Number: 603 6/5 035

# **CERTIFICATE OF FORMATION**

Chapter 25,15 RCW

### **SECTION 1**

#### NAME OF LIMITED LIABILITY COMPANY:

Forterra Strong Communities Fund Manager, LLC

(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)

		SECTION 2			
ADDRESS OF THE PRINCIPAL OFFICE:					
Stre	et Address 901 Fifth Avenue, S	State_WA	Zip 98164		
PO Box		City	State	Zip	
		SECTION 3			
EFF	ECTIVE DATE OF FORMATION: (P	lease check <u>one</u> of the following)			
	Upon filing by the Secretary of St	ate			
Specific Date:(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)					
	or Formation has been filled by the O	ffice of the Secretary of State)			
	or Formation has been lined by the O	ffice of the Secretary of State) SECTION 4			
TEN	URE: (Please check <u>one</u> of the followin	SECTION 4			
TEN		SECTION 4			

Page 2 of 2 SECTION 5					
DESIGNATION OF REGISTERED AGENT: COMPLETE ITEM 1, 2, OR 3					
1. If using a Commercial Registered Agent (as defined in RCW 23.95.105(3))					
Yes:   If yes, complete this section and then proceed to Consent of Registered Agent below.					
No: ☑ If no, skip to item 2 below.					
Name of Commercial Registered Agent:  2. If using a Noncommercial Registered Agent (as defined in RCW 23.95.105(21))					
No: If no, skip to item 3 below.					
Name of Noncommercial Registered Agent: Forterra NW					
Physical Address in WA: 901 Fifth Avenue, Suite 2200, Seattle, WA 98164					
Alternate Mailing Address in WA:					
3. If using an Office or Position in the entity to serve as agent (as defined in RCW 23.95.105(21)(b))					
Yes:  If yes, complete this section and then proceed to Consent of Registered Agent below.					
Office or Position service as Agent					
Physical Address in WA:					
Alternate Mailing Address in WA:					
CONSENT SIGNATURE REQUIRED IN ADDITION TO COMPLETING ITEM 1, 2, or 3 ABOVE (RCW 23.95.415(2))					
I hereby consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity, to forward mail to the entity, and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.					
X/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\					
Signature of Registered Agent Printed Name Date Phone					
SECTION 6					
NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:  (If necessary, attach additional names, addresses and signatures)					
Name: Michelle Connor					
Address: 901 Fifth Avenue, Suite 2200 City Seattle State WA Zip Code 98164					
This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.  X Michelle Connor 5/5/2016 206,905,6899  Signature of Executor Printed Name Date Phone					
( ) miles remo					



# INITIAL REPORT

\$10.00

Fee:

08/01/16 3231594-

001 \$10.00 K

tid: 3295543

RETURN COMPLETED FORM AND PAYMENT TO: Unified Business Identifier: 603 615 035 (Checks made payable to "Secretary of State") Entity Name: FORTERRA STRONG COMMUNITIES FUND PO Box 40234 MANAGER, LLC Olympia, WA 98504-0234 State of Incorporation: WA Inc./Qual. Date: 5/5/2016 **USE DARK INK ONLY - MUST TYPE OR PRINT CLEARLY** 1. Current Registered Agent/Office FORTERRA NW 901 5TH AVE STE 2200 **FILED** SECRETARY OF STATE SEATTLE, WA 98164 August 1, 2016 STATE OF WASHINGTON I am changing my registered agent Must include the attached Designation of Registered Agent form. REPORT SECTION MUST BE FILLED IN COMPLETELY - DO NOT LEAVE SECTIONS BLANK 2. Principal Office in Address 901 Fifth Avenue, Suite 2200 · Washington State Seattle WA City 98164 State Zip Code □No ☐ Yes 206-292-5907 mconnor@forterra.org Telephone Email 3. Nature of Business: General Partner of Investment Fund 4. Foreign Entities Address Principal office: City State Zip Code Country 5. Print or type names of Governors (See #5 of instructions page) Name: Address: Corporations Only See attached City/State/Zip: Name: Address: Corporations Only City/State/Zip: Address: Name: Corporations Only City/State/Zip: 6. This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct 6/30/16 Signature of Authorized Person

If you need assistance:

Pre\$ident

Website: www.sos.wa.qov/corps

Eugene Duve

Print Name and Title

Email: corps@sos.wa.gov

Call: 360-725-0377

206-292-5907

Date

Phone Number

## Initial Annual Report - Forterra Strong Communities Fund Manager, LLC

UBI Number: 603 615 035

List of Directors (Titles Shown for Directors who are also Officers):

Joshua P. Anderson – Secretary/Treasurer 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

Maggie Walker - Chair 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

Teresita Batayola 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

Dana Behar 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

Dow Constantine 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

Maud Daudon 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

Eugene Duvernoy - President 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

John Hempelmann 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

Gerry Johnson 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

De'Sean Quinn 901 Fifth Avenue, Suite 2200 Seattle, WA 98164

Stanley Savage – Vice Chair 901 Fifth Avenue, Suite 2200 Seattle, WA 98164





FORTERRA STRONG COMMUNITIES FUND MANAGER, LLC STE 2200 901 5TH AVE SEATTLE WA 98164-2091

Generated: Jun 02, 2017 Letter ID: L0003574381

#### FORTERRA STRONG COMMUNITIES FUND MANAGER,

LLC

UBI:

603615035

Thank you for filing your annual report online

Your annual report has been completed. Please print this copy of your annual report and receipt for your records.

Allow 14 days to receive your legal entity registration in the mail.

Your company

Entity name:

FORTERRA STRONG COMMUNITIES FUND MANAGER, LLC

UBI:

603615035

State of formation:

WA

Date of formation:

May-05-2016

New expiration date:

May-31-2018

Your fees

Limited Liability Company 60.00
Processing fee: 11.00
Late Renewal Penalty 25.00
Total fees: 96.00
Total payment submitted: 96.00

#### **Business information**

Principal place of business:

901 5TH AVE STE 2200 SEATTLE, WA 98164-2091

USA

Company telephone number:

(206) 292-5907

Company email address:

finance@forterra .org

Is the mailing address of the place of business different from the physical address above?

No

Does your company own real property (including leasehold interests) in Washington?

No

1. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

No

2. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

No

Mailing address of principal place of business:

Same as principal place of business

#### Nature of business

Type:

Professional, Scientific, and Technical Services

**Governing People** 

ANDERSON JOSHUA P
BATAYOLA TERESITA
BEHAR DANA
CONSTANTINE DOW

001101711111112 2011

DAUDON MAUD

# Registered agent

Agent type on file:

Business

Agent name on file:

FORTERRA NW

Agent's office street address on file:

901 5TH AVE STE 2200 SEATTLE, WA 98164-2091

Agent's mailing address on file:

Same as registered office street address

# Person completing this annual report

Submitted By:

Other

Title:

Employee

Name

Melissa Laird

Annual report certification:

I am the person listed above and I certify under penalty of perjury that the renewal information submitted is true and correct to the best of my knowledge. I understand that deliberately submitting false information may be punishable as a gross misdemeanor. RCW 43.07.210

Date Submitted: Jun 02 2017



# **Transaction Request Form**

This Box For Office Use Only

CHECK ONE: EXPEDITE (\$50	) □ROUTINE (NO EXTRA \$) ⊠COUNTER WAIT (\$50)				
Name of Daily limit of Three (3) Reque	Entity/UBI# Transaction sts - Please Print Use Codes Listed Below				
1. FONTERRA STRONG COMMUNITIES 2. 3.					
Transaction Request Codes  File Documents  View/Obtain Documents					
A. Articles B. Reinstatement C. Summons D. Trademark E. Apostilles: Country F. Other	G. Long Form Certificate of Existences H. Short Form Certificate of Existence I. Photocopies of J. Certified Copies of: K. Other Additional Information				
Transaction Requested By:					
Name: Melissa Craig Address: 1780 Barnes Blvd SW  Tumwater, WA 98512-1940  Phone Number: 360-956-9500 Ext 107  Email Address: Melissa.Craig@Unisearch.com  Clobal Solutions for Corporate and Financial Compliance					
Office Use Only					
COS	INC./QUAL./REINST. AMD./MER./DISS.				
PHO	ANN.RPT./AGENT				
APO	RES./REG.				
OTHER	TRADEMARK OTHER				
TOTAL	TOTAL				