

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **STEVE R. HOBBS**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF FORMATION**

to

**HAVENSTAYS BY PENNYNIKHIL LLC**

A **WA LIMITED LIABILITY COMPANY**, effective on the date indicated below.

Effective Date: 07/21/2023

UBI Number: 605 298 953



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

*Steve R Hobbs*

Steve R. Hobbs, Secretary of State

Date Issued: 07/21/2023



**WASHINGTON**  
**Secretary of State**  
**Corporations & Charities Division**

Filed  
Secretary of State  
State of Washington  
Date Filed: 07/21/2023  
Effective Date: 07/21/2023  
UBI #: 605 298 953

## CERTIFICATE OF FORMATION

### UBI NUMBER

UBI Number:  
**605 298 953**

### BUSINESS NAME

Business Name  
**HAVENSTAYS BY PENNYNIKHIL LLC**

### REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
REGISTERED AGENTS INC.	100 N HOWARD ST STE R, SPOKANE, WA, 99201, UNITED STATES	100 N HOWARD ST STE R, SPOKANE, WA, 99201, UNITED STATES

### REGISTERED AGENT CONSENT

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

### DURATION

Duration:  
**PERPETUAL**

### EFFECTIVE DATE

Effective Date:  
**07/21/2023**

### OTHER PROVISIONS

Other Provisions:

### PRINCIPAL OFFICE

Phone:  
Email:  
**CHINTHIRLAPRANEETHA@GMAIL.COM**

Street Address:

**2651 156TH AVE NE UNIT 101, REDMOND, WA, 98052-5458, UNITED STATES**

Mailing Address:

**2651 156TH AVE NE UNIT 101, REDMOND, WA, 98052-5458, UNITED STATES**

## EXECUTOR

---

Title	Executor Type	Entity Name	First Name	Last Name	Address
EXECUTOR	INDIVIDUAL		VISHNU SRI	CHINTHIRLA	2651 156TH AVE NE UNIT 101, REDMOND, WA, 98052-5458, UNITED STATES

## RETURN ADDRESS FOR THIS FILING

---

Attention:

**ZENBUSINESS INC.**

Email:

**FULFILLMENT@ZENBUSINESS.COM**

Address:

**5511 PARKCREST DR STE 103, AUSTIN, TX, 78731-4917, UNITED STATES**

## 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:

**VISHNU SRI**

Last Name:

**CHINTHIRLA**

Title:

**MEMBER**