



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

## CERTIFICATE OF FORMATION WITH INITIAL REPORT

### UBI NUMBER

UBI Number:

### BUSINESS NAME

Business Name:

**MOVA LEARNING LLC**

### REGISTERED AGENT CONSENT

To change your Registered Agent, please delete the current Registered Agent below.

#### Registered Agent Consent (Check One):

- ☒ I am the Registered Agent. Use my Contact Information.
- ☐ I am not the Registered Agent. I declare under penalty of perjury that the WA Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Limited Liability Company must keep the signed consent document in its records, and must produce the document on request.

RCW [23.95.415](#) requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

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

| Registered Agent Name | Street Address                                  | Mailing Address |
|-----------------------|---|-----------------|
| DAVID EDE             | 16927 NE 19TH PL, BELLEVUE, WA, 98008-2658, USA |                 |

### CERTIFICATE OF FORMATION

Do you have a Certificate of Formation you would like to upload? - **No**

### OTHER PROVISIONS

Other Provisions:

### PRINCIPAL OFFICE

Phone:

**206-396-0831**

Email:

**DAVIDREDE10@GMAIL.COM**

Street Address:

**16927 NE 19TH PL, BELLEVUE, WA, 98008, USA**

Mailing Address:

**16927 NE 19TH PL, BELLEVUE, WA, 98008, USA**

### DURATION

Duration:

**PERPETUAL****EFFECTIVE DATE**

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Effective Date:

**10/18/2025****EXECUTOR**

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| Title    | Executor Type | Entity Name | First Name | Last Name | Address  |
|----------|---------------|-------------|------------|-----------|--|
| EXECUTOR | INDIVIDUAL    |             | DAVID      | EDE       | 16927 NE 19TH PL, BELLEVUE, WA, 98008, UNITED STATES |

**GOVERNORS**

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| Title    | Governors Type | Entity Name | First Name | Last Name |
|----------|----------------|-------------|------------|-----------|
| GOVERNOR | INDIVIDUAL     |             | DAVID      | EDE       |

**NATURE OF BUSINESS**

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- PROFESSIONAL, SCIENTIFIC & TECHNICAL SERVICES

**RETURN ADDRESS FOR THIS FILING**

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Attention:

Email:

**DAVIDREDE10@GMAIL.COM**

Address:

**16927 NE 19TH PL, BELLEVUE, WA, 98008-2658, USA****UPLOAD ADDITIONAL DOCUMENTS**

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Do you have additional documents to upload? - **No****EMAIL OPT-IN**

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By checking this box, 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**

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I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**DAVID**

Last Name:

**EDE**

Title:



This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.