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Account#: 120000000088 5/19/2017 Name: KENDALL HOWELL T009778 Reference #:____ **BLUE TREE AID, LLC** Entity Name:____ ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal ☐ Fictitous Name Other

Authorized Amount:

Signature: -

\$125.00





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Account#: I20000000088

Date:	Account#. 120000000000
Name: KENDALL HOWELL	
Reference #:	
Entity Name: BLUE TREE AID, LLC	_
✓ Articles of Incorporation/Authorization to Transact Busine	ss
Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$125.00 Signature:	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Blue Tree Aid, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.C.,") (If mame unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "LLC.") None (Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, if applicable) Upon Filing 525 South Flagler Drive, Suite 200 (Street Address of Principal Office) (Mailing Address) West Palm Beach, FL 33401 7. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable) Benjamin Gordon Name: 525 South Flagler Drive, Suite 200 Office Address: , Florida 33401 West Palm Beach Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.) (suntryfit t'strent 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Canacity: Title or Capacity: Name and Address: Name and Address: Manager Beniamin Gordon 525 S. Flogler Drive, Suito 200 West Palm Beech, FL 33401 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person 10. This document is executed in accordance with section \$05.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signer

Benjamin Gordon

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUE TREE AID, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE TREE AID, LLC" WAS FORMED ON THE FOURTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6400433 8300

SR# 20173115525

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202490533

Date: 05-05-17