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Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rachel.lybolt@bluehalo.com

Foreign Limited Liability Company
BlueHalo Labs, LLC

Table with 2 columns: Item, Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (04), and Estimated Charge (\$155.00).

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BlueHalo Labs, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name 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.")

2. NM (Jurisdiction under the law of which foreign limited liability company is organized)

3. (EIN number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1300 BRITT ST SE (Street Address of Principal Office) Albuquerque, NM 87123

6. 1300 BRITT ST SE (Mailing Address) Albuquerque, NM 87123

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (City) (Zip code)

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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.

By: C T Corporation System Denise Bell, Assistant Secretary (Registered agent's signature)

Denise Bell


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

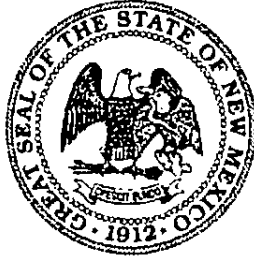
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jonathan Moneymaker</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Henry Albers</u>
<input type="checkbox"/> Member	Address: <u>4601 Fairfax Drive</u>	<input type="checkbox"/> Member	Address: <u>4601 Fairfax Drive</u>
<input type="checkbox"/> Authorized	<u>Suite 900</u>	<input type="checkbox"/> Authorized	<u>Suite 900</u>
Person	<u>Arlington, VA 22203</u>	Person	<u>Arlington, VA 22203</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Steven Hill</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael Lustbader</u>
<input type="checkbox"/> Member	Address: <u>4601 Fairfax Drive</u>	<input type="checkbox"/> Member	Address: <u>4601 Fairfax Drive</u>
<input type="checkbox"/> Authorized	<u>Suite 900</u>	<input type="checkbox"/> Authorized	<u>Suite 900</u>
Person	<u>Arlington, VA 22203</u>	Person	<u>Arlington, VA 22203</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>David Wodlinger</u>	<input type="checkbox"/> Manager	Name: <u>James D. Villa</u>
<input type="checkbox"/> Member	Address: <u>4601 Fairfax Drive</u>	<input type="checkbox"/> Member	Address: <u>4601 Fairfax Drive</u>
<input type="checkbox"/> Authorized	<u>Suite 900</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 900</u>
Person	<u>Arlington, VA 22203</u>	Person	<u>Arlington, VA 22203</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. This document is executed in accordance with section 605.0203 (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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
  
 James D. Villa, Secretary  
 \_\_\_\_\_  
 Typed or printed name of signee



STATE OF NEW MEXICO  
**MAGGIE TOULOUSE OLIVER**  
SECRETARY OF STATE

### *Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

**BlueHalo Labs, LLC**  
**840850**

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

**Limited Liability Company Act**

**53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on October 22, 2020, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **May 3, 2024**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.**



*Maggie Toulouse Oliver*

Maggie Toulouse Oliver  
Secretary of State

**Certificate Validation #: 0088831**

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.