# F19000002215

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Coning Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Z BROWN MAY 08 2019

### **COVER LETTER**

10.	Division of Corporations				
SUBJ	ECT: Stella Blue Internation	onal, Inc.	_		
		Name of corporati	on - mus	t include suffix	
Dear S	ir or Madam:				
"Certil	closed "Application by For ficate of Existence," or "Ce referenced foreign corporat	rtificate of Good St	anding"	and check are su	act Business in Florida," bmitted to register the
	return all correspondence c Collins	oncerning this mat	ter to the	following:	
		Name o	of Person	<del></del>	
TotalC	FO, LLC				
		Firm/Co	mpany		
20711	Sterlington Drive				
		Ado	lress		
Land (	D Lakes, FL 34638				
		City/State	and Zip	code	
Ncollin	s@totalcfo.com	-	,		
	E-mail	address: (to be used	I for futi	ire annual report	notification)
For fur	ther information concerning	g this matter, please	call:		
		813 at (	909-9191		
•	Name of Person	Area Co	ode	Daytime Telep	phone Number
Enclose	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
	.00 Filing Fee			75 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status &

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Stella Blue Inte	rnational, Inc.			
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"		
n/a				
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)		
Delaware 2.	3	83-4183977 3.		
(State or countr 12/05/2018 1.	y under the law of which it is incorporated)  5	(FEI number, if applicable)		
(Date 04/24/2019 5.	of incorporation)	(Date of duration, if other than perpetual)		
7	n Lane, Tampa, FL 33626 (Princ	ipal office address)		
same	(Current mail	ing address, if different)		
3. Name and <u>stree</u>	et address of Florida registered agent: (P	.O. Box NOT acceptable)		
Name:	Natalie Collins			
Office Address:	12005 Sterlington Drive	<del></del>		
		34638 , Florida		
	(City)	(Zip code)		

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS
Director:	Jay Lucas
Address:	12005 Whitmarsh Lane, Tampa, FL 33626
Director:	James Morrison
Address:	12005 Whitmarsh Lane, Tampa, FL 33626
Director:	William Barlow
Address:	12005 Whitmarsh Lane, Tampa, FL 33626
	Christopher Brink
	12005 Whitmarsh Lane, Tampa, Fl. 33626
Address:	
B. OFFI	CERS
CEO:	James Morrison
Address:	12005 Whitmarsh Lane, Tampa, Fl. 33626
COO:	William Barlow
Address:	12005 Whitmarsh Lane, Tampa, FL 33626
Secretary:	William Barlow
	12005 Whitmarsh Lane, Tampa, FL 33626
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	y y p and a section and a section as
The officate are true as	Signature of Director of Officer er or director signing this document (and who is listed/in/number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
13	James Morrison
	(Typed or printed name and capacity of person signing application)

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STELLA BLUE INTERNATIONAL, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF APRIL,

A.D. 2019.

at corp delaware gov/aut

7180738 8300 SR# 20193121417

Authentication: 202700219

Date: 04-24-19