F21000002401

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	,
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
Office Use Only	



04/13/21--01027--025 **70.00





4 · · · · ·	. yn e	<i></i>	* ¥ *
• ·	COVER L	ETTER	
TO: Registration Section Division of Corporation SUBJECT: Bluef		sets Inc	
, , , , , , , , , , , , , , , , , , ,	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence." or " above referenced foreign corpo	"Certificate of Good Sta	nding" and check are sub	
Please return all correspondent	ce concerning this matte	r to the following:	
BRIAN O'REILLY			
	Name of	Person	
O'REILLY MEDIA, INC			
2505 NW BOCA RATON SUIT	Firm/Cor E 202	npany	
	Addr	ess	
BOCA RATON FL 33431			
BRIAN@OREILLY-MEDIA.CC		and Zip code	
	nail address: (to be used	for future annual report	notification)
For further information concer	rning this matter, please	call:	
BRIAN O'REILLY	218	762-4545	
Name of Person	at (<u></u> Area Coo)	bhone Number
STREET/COURIER Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Stree	ons ssee	MAILING A Registration 9 Division of C P.O. Box 632 Tallahassee. 1	Section Forporations 17
Tallahassee, FL 3230.			
Enclosed is a check for the foll Please make check payable to: FI	lowing amount:	L OF STATE	
		STRIE	□ \$87.50 Filing Fee.

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.

BLUEPRINT GADGETS, INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	business in Florida)
delaware	$\frac{3}{1000} = \frac{3}{1000} = 3$	86-1660100	
(State or countr	ry under the law of which it is incorporated)	(FEI number, if app	licable)
12/08/2020	5.		
(Date	e of incorporation) 5.	(Date of duration, if other th	an perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		')
15788 GLENCR	EST AVE DELRAY BEACH FL 33446		
	(Principal office	e <u>street</u> address)	2021 APR
	(Current mailing	address, if different)	APR 13
Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	
Name:	ROBERT GLEN JOHNSON		AH 9: 04 STATE
Office Address:	15788 GLENCREST AVE		FLE
	DELRAY BEACH	, Florida ³³⁴⁴⁶	
	(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.

0144		
HARA		
V	(Registered agent's signature)	

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.

	, .	•
•	A. DIRECTORS	
		ROBERT GLEN J

A.	n	ł	R	F,	C	т	o	R
A.	.,	5	n	1.7	<u> </u>		••	17

🗆 Chairman	Name: _	ROBERT GLEN JOHNSON	□Chairman	Name:	
□Vice Chairman		15788 GLENCREST AVE	□Vice Chairman		
Director	DELRA	Y BEACH FL 33446	Director		
President					
Vice President			□ Vice President		
Secretary		Treasurer	Secretary		□Treasurer
Other		□Other	□Other		□Other
□Chairman	Name: _		□ Chairman	Name:	
🗇 Vice Chairman	Address	;	🗌 Vice Chairman	Address:	
Director			Director		
□President			President		
□Vice President			□Vice President		
□Secretary					□Treasurer
□Other		□Other	□Other		□Other
□ Chairman	Name: _		□ Chairman	Name:	
□Vice Chairman	Address	:	🗌 Vice Chairman	Address:	
Director			Director		
□President			□President		·····
□Vice President			□Vice President		
□Secretary		Treasurer	□Secretary		⊡Treasurer
□Other		Other	Other		□Other
	e added to	achment to report more than six (6). T the index when filing your Florida De			purposes only. Non-indexed

12.	ATTA		
		Signature	e of Director or Officer
she is aware that	false information submit	ed in a document	isted in number 11 above) affirms that the facts stated herein are true and that he or t to the Department of State constitutes a third degree felony as provided for in
s.817.155. F.S.	Robert	Glen	Johnson

\sim 30		1 00011	0011
(Typed or	printed name and	capacity of person	signing application)



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUEPRINT GADGETS, 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 EIGHTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUEPRINT GADGETS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 202922832 Date: 04-08-21

4373369 8300

. . . .

SR# 20210401887 You may verify this certificate online at corp.delaware.gov/authver.shtml