F2-10000005573

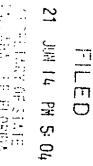
— (Re	equestor's Name)	<u> </u>		
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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06/14/21--01035--007 **87.50



Walk

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COBALT SKY, LLC	
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	ding" and check are submitted to register the
Please return all correspondence concerning this matter ROBERT M HORN	to the following:
Name of	Person
COBALT SKY, LLC	
Firm/Com	pany .
233 E WILBUR AVE, UNIT #401	
Addre LAKE MARY, FL 32746	ess
City/State at ROBERT@COBALTSKY.TECH	nd Zip code
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please c	all:
GABRIEL SOTO at (407	330-8313
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

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.

1. COBALT SKY	LLC			
(Enter name of e "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO)N,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)	
2. TENNESSEE	3	86-2932917		
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4	5	PERPETUAL		
(Date	e of incorporation) 5.	(Date of duration, if other than perpetual)		
5. HAS NOT CON	NDUCTED AFFAIRS AS OF TODAY			
	(SEE SECTIONS 607.1501 & 607.1 AVE., UNIT #401, LAKE MARY, FL 32746 (Principal off AVE., UNIT #401, LAKE MARY, FL 32746	ice street address)		
	(Current maili	ng address, if different)		
3. Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.6 GABRIEL SOTO 511 ELDRON AVE DELTONA (City)	D. Box <u>NOT</u> acceptable), Florida 32738(Zip code)	FILED 21 JUN 14 PM 31 PB LARY OF ST	
) . The let	,	(Zip code)	8E 4	
	ent's acceptance:		5 ≥ ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	

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.

(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					
□ Chairman	Name: KOBERT M HORN	□Chairman	Name:		
□Vice Chairman	Address: 233 E WILBUR AVE	□Vice Chairman	Address:		
Director	UNIT #401	□Director			
□President	LAKE MARY, FL 32746	□President			
□ Vice President		□Vice President			
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer		
Other MG		Other	Other		
□ Chuirman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□ Director			
□President		□President			
OVice 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	□ Secretary	☐Treasurer		
□Other	Other	□Other	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.					
Signature of Director or Officer					
The officer or direct she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in number se information submitted in a document to the Departn	11			

(Typed or printed name and capacity of person signing application)

13. ROBERT M. HORN



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Formation Locale: TENNESSEE

03/30/2021

Date Formed:

Member Count:

Fiscal Year Close 12

Filing Information

Name:

Cobalt Sky, LLC

General Information

SOS Control #

Filing Type:

Status:

001184463

Limited Liability Company - Domestic

03/30/2021 9:12 AM

Active

Duration Term:

Perpetual

Managed By:

Member Managed

Registered Agent Address

ROBERT MICHAEL HORN 3140 VERA VALLEY RD FRANKLIN, TN 37064-2498 Principal Address

3140 VERA VALLEY RD FRANKLIN, TN 37064-2498

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed Filing Description

Image #

03/30/2021 Initial Filing

B1008-5860

Active Assumed Names (if any)

Date

Expires



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

ROBERT M HORN

GABRIEL SOTO 3140 VERA VALLEY RD FRANKLIN, TN 37064

June 9, 2021

Request Type: Certificate of Existence/Authorization

Request #:

0421209

Issuance Date: 06/09/2021

Copies Requested:

Document Receipt

Receipt # : 006408883

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3808351023

\$20.00

Regarding:

Cobalt Sky, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

1184463

Formation/Qualification Date: 03/30/2021

Date Formed:

03/30/2021

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: WILLIAMSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Cobalt Sky, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 046767030