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SECRETARY OF STATE
ASSOCIATION

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	FCT: BLU WIRELESS TECHNOLO	GY, INC.		
оо в о		corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corpicate of Existence," or "Certificate of referenced foreign corporation to trans	f Good Standi	ng" and check are subi	
Please	return all correspondence concerning	this matter to	the following:	
THOM	AS M. BIZZELL			
		Name of Po	erson	
BIZZE	LL, NEFF & GALLOWAY, P.A.			
		Firm/Comp	any	
P.O. B0	OX 12346			
		Addres	3	
PENSA	ACOLA, FL 32591			
		City/State and	Zip code	
bng@c	pabizzness.com			
	E-mail address: (to be used for	r future annual report n	otification)
For fur	ther information concerning this mat	ter, please cal	1:	
ТНОМ	AS M. BIZZELL at	850	434-5574	
	Name of Person	Area Code	Daytime Teleph	none Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection prporations
Please r	ed is a check for the following amount nake check payable to: FLORIDA DEP .00 Filing Fee	ARTMENT C	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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.

	able in Florida, enter alternate corporate name ado	· · · · ·	siness in Florida)
DELAWARE	3	3672543 	
(State or countr 04/08/2021	y under the law of which it is incorporated)	(FEI number, if applica	
(Date	of incorporation)	(Date of duration, if other than	perpetual)
N/A			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		
10447 SORREN	ΓΟ ROAD, SUITE 100. #1007, PENSACOLA. FL	32507	
	(Principal office s	t reet address)	
	(Current mailing ac	dress, if different)	
	_		
Name and street	(Current mailing ac et address of Florida registered agent: (P.O. B		
Name and stree	_		1 _A
Name:	et address of Florida registered agent: (P.O. B		2022 HA Secre Tallaf
Name:	et address of Florida registered agent: (P.O. B MACY SUMMERS	ox <u>NOT</u> acceptable)	2022 HAR - SECRE TAR TALLAHAS
	et address of Florida registered agent: (P.O. B MACY SUMMERS 10447 SORRENTO ROAD SUITE 100-1007	ox <u>NOT</u> acceptable)	-7 ARY I
Name:	et address of Florida registered agent: (P.O. B MACY SUMMERS 10447 SORRENTO ROAD SUITE 100-1007 PENSACOLA (City)	ox <u>NOT</u> acceptable) - - Florida 32507	2022 HAR - 7 PM SECRETARY UF I TALLAHASSCE, I'I
Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. B MACY SUMMERS 10447 SORRENTO ROAD SUITE 100-1007 PENSACOLA (City) ent's acceptance:	ox <u>NOT</u> acceptable)	-7 PM 6 NRY UF SI SSCELTED
Name: fice Address: Registered agaving been name	et address of Florida registered agent: (P.O. B MACY SUMMERS 10447 SORRENTO ROAD SUITE 100-1007 PENSACOLA (City)	ox <u>NOT</u> acceptable) - - - - - - - - - - - - -	-7 PN 600
Name: fice Address: Registered aguving been nansignated in this	et address of Florida registered agent: (P.O. B MACY SUMMERS 10447 SORRENTO ROAD SUITE 100-1007 PENSACOLA (City) ent's acceptance: led as registered agent and to accept service of	ox NOT acceptable) Florida 32507 (Zip code) f process for the above stated code as registered agent and agree to the proper and complete periods.	-7 PM 64 PM 68 PM 68 PM 69 PM

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 **MACY SUMMERS** Name: □Chairman ☐ Chairman Name: ______ 10447 SORRENTO ROAD □ Vice Chairman Address: _ □ Vice Chairman Address: SUITE 100-1007 □Director □ Director PENSACOLA, FL 32507 President □ President □ Vice President □ Vice President □Treasurer □ Secretary □ Secretary ☐ Treasurer □Other _____ ☐ Other _____ □Other _____ □Other _____ JON OATES Chairman □ Chairman Name: Name: _____ **BENCROFT VIEW HOUSE** □Vice Chairman Address: ☐ Vice Chairman Address: _____ STUDLEY HILL □Director □Director CALNE, WILTSHIRE, SN11 9NL □President □President UNITED KINGDOM □Vice President □ Vice President □ Secretary ■ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: ____ □Chairman □ Chairman Name: **BRIAR COTTAGE** ☐ Vice Chairman Address: □ Vice Chairman Address: NEW ROAD, OLVESTON, Director □ Director BRISTOL, BS35 4DX □ President □President UNITED KINGDOM ☐ 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. Macrastine Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

MACY SUMMERS - PRESIDENT

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

DELAWARE, DO HEREBY CERTIFY "BLU WIRELESS TECHNOLOGY 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 SEVENTEENTH DAY OF FEBRUARY, A.D.

2022.



Authentication: 202689804

Date: 02-17-22