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(Re	questor's Name)	
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S. ROBERTS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blas Group, LLC	
SUBJECT: Das Group, LLC Name of corporation - must include suffix	-
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Raymond Carrero	
Name of Person	-
Raymond Carrero, P. A.	_
Firm/Company	
9771 S. Dixie Huy	_
Address	
Pinecrest FL 33156	_
City/State and Zip code	
Carrero egal com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Raymond Carror 305, 358-0495	
Raymond Carrero at (305) 358-9495 Name of Person Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee P.O. Box 6327	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	8

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.

	Blas Group, LLC	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION."	
	"Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.")	
	Blas GROUP FLA, LLC	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	DELPWARE 3.	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	10-21-2013 5. NA	
	(Date of incorporation) 5. NA (Date of duration, if other than perpetual)	
6.	./ ^	
v.	(Date first transacted business in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.	CLCO N. COMMERCE PKNY, SUITE 4 WESTON ITLESSS	,S
7	2225 N. COMMERCE PKWY, SUITE 4 WESTON, FL 333	°Z
7	(Principal office street address)	2
7	(Current mailing address. if different)	2
7	(Current mailing address, if different)	2
	(Current mailing address, if different)	2
	(Current mailing address, if different)	22
	(Current mailing address, if different)	22
8.	(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Raymona Carren, P.A.	2
8.	(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Raymona Carren, P.A. Office Address: 9771 S. Dixie Hwy	2
8.	(Current mailing address, if different)	2

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.

(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			1.
□Chairman	Name: Jose Ramon Bertetty Osorio	□Chairman	Name: Edita Lizet Lopez M. De Dertet
□Vice Chairman	Address: Colonia Lomar	□Vice Chairman	Address: Colonia Lomas De Toncont.
□Director	De Toncontin Segunda	Director	Segunda Etapa #1406
☑ President	Etapa # 1406 (asa NO.406	□President	Casa No. 1406 3-2(-7
	B-2C-7, Tegucigalpa MDC	☑Vice President	Tegucigalpa MDC, Francisis Morazo
Secretary	Francisco Morgzan, 12101	☐ Secretary	☐Treasurer
Other		□ Other	□ Other
□Chairmaл	Name:	□Chairman	Name:
	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
		□Vice President	
☐ Secretary	☐Treasurer	☐Secretary	□Treasurer
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
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	it of State Annual Re	
12.	Signature of Director of	<u> </u>	
The officer or dire	ctor signing this document (and who is listed in number alse information submitted in a document to the Departn	IF above) affirms the nent of State constitu	ites a third degree felony as provided for in
13.		in Rente	Ay Osorio
	(Typed or printed name and capacity of person	i signing application)

A. DIRECTORS	_		1.
□Chairman	Name: Jose Ramon Beltetty Osorio	□Chairman	Name: Edita Lizety Lopez M. De Berter
□Vice Chairman	Address: Colonia Loman	□Vice Chairman	Address: Colonia Lomas Tre Tononia
□Director	De Toncontin Segunia	□Director	Segunda Etura #1406
☑ President	Etur: # 1406 (as NO.406	□President	Casa No. 1406 3-2(-7
□Vice President	3-2C-7, Tegucigalpa MDC	☑Vice President	Tegucgalpa, MDC, Francisco Moraza
☐ Secretary	Francisco Morazan, 12101	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	<u> </u>
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐Secretary	□Treasurer
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
	Use an attachment to report more than six (6). The attact added to the index when filing your florida Department		
12.	Etrzella	(V)	
	Signature of Director Se	rutrice.	
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departm		
13	(Typed or printed name and capacity of person		+aMoros



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

DELAWARE, DO HEREBY CERTIFY "BLAS GROUP LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "BLAS GROUP LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLAS GROUP LLC"
WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2013.

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

Authentication: 202879297

Date: 03-10-22