(Re	questor's Name)	
(Ad	dress)	
Ç.,	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	(f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
		:
		:

Office Use Only



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03/01/22--01026--004 **37.50 ***

T. LEMIEUX APR: 14 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blazer Consulting Inc	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact busines	ling" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Murille Gran	
Name of P	erson
Marile Gray Name of P Kingdom Consulting Firm/Comp	y Inc
Firm/Comp	odny
111 Nurth Orange Ave S	STE 350
Orlando, PL 32801	
' City/State an	d Zip code
Or lundo, PL 32801 City/State an Moctivationn@gmail.co E-mail address: (to be used for	M.
For further information concerning this matter, please ca	dl:
Maurice Comm ac 1407	. 777 /704
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32303	ramanasce, i E. 32317
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT (OF STATE
_	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

Date of this notice: 02-23-2022

Employer Identification Number:

B8-0845826

Form: SS-4

Number of this notice: CP 575 A

BLAZER CONSULTING INC \$ ESTEFANIA TEJADA 6200 METROWEST BLVD ORLANDO, FL 32835

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-0845826. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1120

06/15/2022

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. I (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation,
an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation,
must be made within certain timeframes and the corporation must meet certain tests.
All of this information is included in the instructions for Form 2553, Election by
a Small Business Corporation.

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. Blazer Consulting Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Minnesuta (State or country under the law of which it is incorporated) 3. 88-0845826 (FEI number, if applicable)
4. 0/15/2019 5. (Date of incorporation) (Date of duration, if other than perpetual)
(Date of incorporation) (Date of duration, if other than perpetual)
6
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. III North Orange Ave. STE 950 Orlando, FL 32801 (Principal office street address)
6200 Metro West Blod STE 205B Orlands, FL 32835 (Current mailing address, if different)
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Murico (xray Office Address: III North Orange Ave. STE 350) (City), Florida 32801 (Zip code)
OFF AND ALL OFF AND STEEZE
Office Address: III North Orange Ave. STE 350
Orlando, Florida 32001
(City) (Zip code) $\sim \sim \sim$
Office Address: M. North Orange Ave. SIE 350 (City)
Having been named as registered agent and to accept service of process for the above stated comporation at the plant of th
designated in this application, I hereby accept the appointment as registered agent and agree in act in This capaci
further agree to comply with the provisions of all statutes relative to the proper and complete purformance of my 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					
M Chairman	Name: Estefania Tejada	□Chairman	Name: Marrico Gwyy Address: 111 N. Orange Avo		
□Vice Chairman	Address: 111 North Orange AVC	□Vice Chairman	Address: 111 N. Orange Avo		
□Director	ste 950	□Director	STE 360		
□President	orlando FL 32801	□President	orlundo, FL 32801		
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary	□Treasurer		
Other	Other	□Other	Other		
□Chairman	Name: Jeffroy Taylor	□Chairman	Name:		
☑Vice Chairman	Address: 111 North Orange Ava	□Vice Chairman	Address:		
□Director	STE 950	□Director			
□President	Or lando, PL 32801	□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	☐ 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.					
12	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.					
13. Jeffrey lay la V. at Prosident / Chair Man (Typed or printed name and capacity of person signing application)					

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Blazer Consulting, Inc

Date Filed:

05/29/1998

File Number:

10E-164

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

02/17/2022



Here Pinn Steve Simon

Secretary of State State of Minnesota