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S. ROBERTS

APR 0 5 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Blue Innovati	ons Group			
			Name of corporat	ion - mu	ist include suffix	<u>.</u>
Dear S	ir or M	ladam:				
"Certif	īcate o	f Existence."	by Foreign Corporation to or "Certificate of Good Sorporation to transact bus	tanding <sup>*</sup>	and check are sub	
Please	return	all correspond	lence concerning this ma	iter to th	e following:	
John Vo	ο					
			Name	of Perso	on	
Blue In	novatio	ns Group				
			Firm/C	ompany	,	
8013 Li	inesider	Drive .				
		_	Ac	ldress		<del></del> -
Rivervi	ew, Flo	orida 33578				
			City/Stat	e and Zi	p code	
john@b	olueinne	ovationsgroup.				
			E-mail address: (to be use	ed for fu	ture annual report r	notification)
For fur	ther in	formation cor	cerning this matter, pleas	se call:		
Drew V	ew Walker 985 789-4180					
	Nam	e of Person	Area C		Daytime Telep	hone 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			
Please r	nake ch	ieck payable to	following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## 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.

Enter name of co	orporation; must include "INCORPORAT	TED," "COMPANY," "CORPORATION,	.,
(If name unavaila	ible in Florida, enter alternate corporate n	ame adopted for the purpose of transacting	business in Florida)
Delaware		3 87-351/16-	
(State or country	y under the law of which it is incorporated	3. <u>87-3514697</u> (FEI number, if app	licable)
11/08/21		5	
(Date	of incorporation)	5(Date of duration, if other th	an perpetual)
02/02/2022			
•		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability	•
8013 Linesider Di	rive, Riverview, Florida 33578	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
•		l office street address)	
	(********		
	(Current n	nailing address, if different)	
	,		. ~
. Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable)	022 TA
Name:	John Vo		2022 APR -5 AM 7: 32 SECT ANASSEE FL
Office Address:	9806 Detrop Street		R-5 AM 7
	Riverview	, Florida 33578 (Zip code)	
	(City)	(Zip code)	F. 32
Having been nam lesignated in this further agree to co	application, I hereby accept the appe	service of process for the above stated of ointment as registered agent and agreement as registered agent and complete by position as registered agent.	corporation at the place to act in this capacity.

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(Registered agent's signature)

A. DIRECTORS	• •			
Chairman	Name: Chuan D. Vo	□Chairman	Name:	
□Vice Chairman	9806 Detrop Street Address:	□Vice Chairman	Address:	
□Director	Riverview	Director		
□President	Florida 33578	□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	Secretary		□Treasurer
□Other	Other	Other		Other
□Chairman	Name:	□ Chairman	Name:	
	Address:	□Vice Chairman		
Director	- Notices.	Director		
□President		□President		
□ 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		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The at added to the Index when filing your Florida Departr	nent of State Annual R	ed for reporting pu eport form.	
	ctor signing this document (and who is listed in numbers in a document to the Department to the Depart	ber 11 above) affirms ti		
13.	(Typed or printed name and capacity of per	rson signing application		



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

DELAWARE, DO HEREBY CERTIFY THAT "BLUE INNOVATIONS GROUP INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE EIGHTH DAY OF NOVEMBER,

A.D. 2021, AT 12:09 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022, AT 5:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "BLUE INNOVATIONS GROUP INC.".

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

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

Authentication: 203050660

Date: 03-30-22