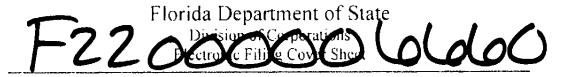
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Division of Corporations



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (954)208-0845 : (614)573-3996 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION BLS WORLDWIDE, LTD.

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Requesting Original filing date of 10/6/22. Thank you!

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OCT 27 2022 K. Brumbley

## 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.

BLS WORLDW	ADE, LTD. INC.	ne adopted for the	nurnose of transacting	business in Florida)	
	e unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) are 47-2296003				
Delaware		(FEI number, if applicable)		licable)	
•	under the law of which it is incorporated)		•		
7/15/2013		5	e of duration, if other the	an perpetual)	
(Date o	of incorporation)	(Dan	e or duration, it build to	ian perpension	
	(Date first transacted busines	ss in Florida, if pri	ior to registration)		•
	(SEE SECTIONS 607.1501 & 60°	7.1502, F.S., to de	termine penalty liabilit	у)	
6303 Blue Lagoon	Drive, Miami, Florida 33126	<u></u>			
	(Principal	office street addr	ess)		
321 New South R	oad, Hicksville, New York 11801			- 3 8	
	(Current ma	ailing address, if d	lifferent)	20 101	
	·			- 報刊 <b>- 日</b>	
Name and stree	<u>t address</u> of Florida registered agent: (	(P.O. Box <u>NOT</u>	_acceptable)	108. <b>−</b> 252. <b>6</b>	E A
Name:	C T Corporation System			ini.	<u> </u>
	1200 South Pine Island Road		•	AM II: 4	
ffice Address:			20204	5	
	Plantation	FL 	33324	. 01	
	(City)		(Zip code)		
Donistered 201	ent's acceptance:				
Indian base was	ad ac espiciosed agent and in accent s	ervice of proces	s for the above state	d corporation at the	place
acioussed in this	annication. I hereby accept the appo	untment as regu	sterea agent ana agr	ee to act in this capt	iccity.
irther agree to c nd Lam familiai	omply with the provisions of all status with and accept the obligations of m	ies retative to in Ly position as reg	e proper and comple gistered agent.	ec podyovina.com by vi	y
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, and decopy and decop				
	C T Corporation System	TOTAL ( VIVI)			
	C 1 Corboration platem	- LAUNUUH	. W.X.JVIZ		

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

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	Phyllis Okon Name:	□Chairman	Name:					
□Vice Chairman	Address:	□ Vice Chairman	Address:					
□Director	Hicksville, New York 11801	□Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	Treasurer	☐ Secretary		☐Treasurer				
□Other	ClOther	[]Other		□Other				
Chairman	Name: Michael Okon	□Chairman	Name:					
□Vice Chairman	Address: 321 New South Road	□Vice Chairman						
□Director	Hicksville, New York 11801	□Director		• 7				
President		□President						
□Vice President		□Vice President						
☐ Secretary	Treasurer	☐ Secretary	,	Treasurer				
Other	Other	Other	<del></del>	Other				
□ Chairman	Eric Okon Name:	□Chairman	Name:					
□Vice Chairman	321 New South Road Address:	□ Vice Chairman						
□Director	Hicksville, New York 11801	Director						
□President		□President						
□ Vice President		□Vice President						
☐ Secretary	Treasurer	□ Secretary		Treasurer				
Other COO	□Other	Other		Other				
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department of Director of Signature of Director of	nt of State Annual Ro	eport form.					
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 o 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.



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BLS WORLDWIDE, LTD." 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 FOURTH DAY OF OCTOBER, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLS WORLDWIDE,"
LTD." WAS INCORPORATED ON THE FIFTEENTH DAY OF JULY, A.D. 2013.

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



Jeffrey W. Buildes, Secretary of State

Authentication: 204545053

Date: 10-04-22