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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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COVER LETTER

	stration Section sion of Corpora						
SURIFCT.	Indigo Skye, L	1.C					
SUBJECT: Indigo Skye, LLC Name of corporation - must include suffix							
Dear Sir or M	ladam:						
"Certificate of	of Existence," o	by Foreign Corporation for "Certificate of Good Starporation to transact busing	anding" and ch	eck are subi			
Please return	all correspond	ence concerning this matt	er to the follow	ring:			
Matthew McC	ord						
		Name o	f Person				
Indigo Skye, I	LLC						
		Firm/Co	mpany				
2407 Daniels I	Landing Dr.						
		Ado	iress				
Fleming Island	d, F1, 32003						
		City/State	and Zip code				
Admin@milel	nighraeingelub.e						
	E	-mail address: (10 be used	l for future and	ual report n	otification)		
For further in	iformation cond	eerning this matter, pleaso	e call:				
Matthew McC	`ord	561 at (801-1746	801-1746 Daytime Telephone Number			
Nam	ie of Person	Area Co	ode Day	time Telepl	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Re Di P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	heck payable to:	following amount: FLORIDA DEPARTMENT \$78.75 Filing Fee & Certificate of Status	XT OF STATE □ \$78.75 Fili Certified C	_	\$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.

Indigo Skye, LL	.C					
(Enter name of c	orporation; must include "INCORPORATED orp." "Inc," "Co," or "Corp.")	." "COMPANY." "CORPORATION	ON."			
Indigo Skye, LL	.c					
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ting business in Florida)			
Delaware 2.	3	87-2834269	-2834269			
	y under the law of which it is incorporated)	(FEI number, if	(FEI number, if applicable)			
4. 07-06-2021	5					
(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)			
6. 4/16/22						
<u> </u>	(Date first transacted business) (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liab	oility)			
7	toad, Tatnall Building #104 Wilmington DE					
	(Principal of	fice <u>street</u> address)				
2407 Daniels Lar	nding Dr., Fleming Island, FL 32003					
	(Current maili	ng address, if different)				
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2028 DW - 249 PH 4: 1			
Name:	Matthew McCord		خ نیاج			
Office Address:	2407 Daniels Landing Dr.		. — — C			
	Fleming Island,	, Florida ³²⁰⁰³				
	(City)	(Zip code)	12			

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.

See ATTACHED

A. DIRECTORS Matthew McCord □ Chairman Name: □Chairman Name: _____ 2407 Daniels Landing Dr. ☐ Vice Chairman Address: □ Vice Chairman Address: _____ Fleming Island, FL 32003 □ Director □Director **■**President □President ☐ Vice President □ Vice President □ Treasurer ☐ Treasurer □ Secretary □ Secretary ☐ Other _____ □Other ____ ☐Other ______ Name: _____ □ Chairman Name: _____ □ Chairman □Vice Chairman Address: ______ ☐ Vice Chairman Address: _____ □ Director □ Director □President □President □ Vice President □ Vice President □ Secretary □Treasurer □ Secretary ☐Treasurer □Other _____ □Other _____ ☐ Other _____ □Other _____ □ Chairman Name: ______ □ Chairman Name: Address: □ Vice Chairman Address: _____ ☐ Vice Chairman □ Director □ Director □ President □ President □ Vice President ______ □Vice President ☐Treasurer □ Secretary □Treasurer □ Secretary □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. 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

(Typed or printed name and capacity of person signing application)

hew MCCorp Resident

Page 1



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

DELAWARE, DO HEREBY CERTIFY "INDIGO SKYE, 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 TWENTIETH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INDIGO SKYE, LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2021.

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

Authentication: 205139223

Date: 12-20-22

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