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4/22/2016



13234468710 From: Michael Sar

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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#### Foreign Limited Liability Company BLAZE PROPERTY ENTERPRISES, LLC

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#### **COVER LETTER**

TO: Registration Section Division of Corporations

#### BLAZE PROPERTY ENTERPRISES, LLC

Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Please return all correspondence concerning this matter to the following: Cheyenne Moseley Name of Person Legalzoom.com, Inc. Firm/Company 101 N. Brand Blvd 11th Floor Address Glendale, CA 91203 City/State and Zip Code masters457@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: imelda Vasquez Name of Contact Person STREET ADDRESS: MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassev, FL 32301 Enclosed is a check for the following amount: ☐ \$130.00 Filing Fee & □ \$125.00 Filing Fee ■ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certificate of Status

Certified Copy

of Status & Certified Copy

# STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BLAZE PROPERTY ENTERPRISES, LLC, REGISTERED FEBRUARY 09, 2016, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 21, 2016.

Heidi Dudderar

llede

Associate Director



301 West Preston Street, Bultimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter al	temate name adopted for the pun	ose of transacting bu	siness in Florida. The alternate name	must include "Lin	uted
Liability Company," "L.L.C."	or "LLC.")				
2. Maryland  (Jurisdiction under the law	of which foreign limited liability	3	(FEI number, if applicable)		
company is organized)	,		, , , , , , , , , , , , , , , , , , , ,		
4. March 1, 2016	(Date first transacted hus	ness in Florida, if no	or to registration.)		•
	(Date first transacted but (See sections 605.0904 & 6	)5.0905, F.S. to deter	mine penalty liability)		
5. 905 Hack Berry Ct.					
Bel Air, MD 21014					
	(Street Address	of Principal Office)		منسر سے این مختر	
6. 905 Huck Berry Ct.					n E
Bel Air, MD 21014					
	(Maili	g Address)			i Ti
7. Name and street address	g of Florida registered agent:	(P.O. Box <u>NOT</u> ac	eceptable)		
Name:	Charles Masters				<b>I</b> 9 **
Office Address:	17851 Woodcrest Way			0 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<b>∵</b>
Office Madress,	Clermont		, Florida <u>34714</u>		6
	(City)		Zip code)	7>	
designated in this applica to complywith the provisi	tion, I hereby accept the appo	intment as register ic proper and comp 1.	or the above stated limited Habli red agent and agree to act in this plete performance of my duties, Tess	capacity. I firth	ier ag ree
	(Re	istered agent's signat	ture)		
8. The name, title or capa	scity and address of the person	(s) who has/have ac	uthority to manage is/are:		
	Member, 905 Hack B				
	·				
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the	days old, duly auth certificate is in a f less Ma ue of an authorized p	enticated by the official having coorign lunguage, a translation of	ustody of records the cortificate unc	in the ler oath
•	Signm	ne of an authorized p	erson		
This document is executed	in accordance with section 60 the Department of State cons	5.0203 (1) (b), Flor	ida Statutes. I am aware that any	false information	

Typed or printed name of signee