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B KINSEY



May 22, 2019

SCOTT SHIRLEY | 10409 SNAPDRAGON AUSTIN, TX 78739|

SUBJECT: COBALTISKY VENTURES, LLC

Ref. Number: W19000033875

We have received your document for COBALT SKY VENTURES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 719A00010408



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2019

SCOTT SHIRLEY | 10409 SNAPDRAGON AUSTIN, TX 78739|

SUBJECT: COBALT SKY VENTURES; LLC

Ref. Number: W19000033875

We have received your document for COBALT SKY VENTURES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 019A00006636

www.sunbiz.org

Division of Compositions DO POV 6297 Tollohosson Florida 2921

COVER LETTER

SUBJEC	Cobalt Sky Ventures,					
		rrc				
04,2011		Name of L	imited Liability C	Company	_	
				tion to Transact Business in Florida, ted liability company to transact busi		
Please re	turn all correspondence co	ncerning this matter to the f	ollowing:			
	Scott Shirey					
	-	Nai	ne of Person		-	
	Cobalt Sky Ventures LLC					
	-	Fir	n/Company		_	
	10409 Snapdraģon					
		•	=			
	Austin, Tx 78739					
		City/Sta	te and Zip Code		-	
	scottshirey@hotma	ail.com				
		E-mail address: (to be used	for future annual	report notification)	_	
For furth	er information concerning	this matter, please call:				
	Scott Shirey	1	512 at (289-4365	9819	
	Name of	Contact Person	Area Code	Daytime Telephone Number	2000 HEV	
	MAILING ADDRESS: Division of Corporations Registration Section			STREET ADDRESS: Division of Corporations Registration Section		
	P.O. Box 6327 Tallahassee, FL 32314	 		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	٠ 52	
	Enclosed is a check for the Please make check payable	e following amount: e to: FLORIDA DEPART!	MENT OF STAT	ľE		
	□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of State	S155.00	_	Fee, Certificate rtified Copy	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Cobalt Sky Ventures LL				
(Name of Foreign	Limited Liability Company; must include "Lir	mited Liability	Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate n	ame adopted for the purpose of transacting business is	n Florida. The ab	ternate name must include "Limited Liability Com	pany," "L.L.C." or "LLC.")
Texas	nch foreign limited hability company is organized)	. 3.	20-8134209 (FEt number, st appl	
(Jurisdiction under the law of wh	nch foreignilimited liability company is organized)		(F):I number, if appl	icable)
	(Date first transacted business in Florida, if pric (See sections 605 0804 & 605,0905, F.S. to det	or to registration. termine penalty l	i iability)	
10409 Snapdragon		6.	10409 Snapdragon (Mailing Address)	
(Street Address of F	rincipal Office)		(Mailing Address)	
Austin, Tx 78739			Austin, Tx 78739	
Name and street address	s of Florida registered agent: (P.O. E	Sox NOT a	ecentable)	7001
Name and street address	s of Frontia registered agent. (F.O. I.	30.2 <u>13.7 1</u> a	cecpanicy	pata Máy
Name:	Mark Shirey			5.3
Office Address:	1145 Shady Lane			
	Gulf Breeze		32563 , Florida	5 2
	(Cuy)		(Zip code)	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Weithed by PDFiller
 (Registered agent's signature)

Title or Capacity:			Name and Address:	1	Title or Capacity:		Name and	Addr	ess:
Manager	Name:	Scott S	hirey	<u> </u>	Manager	Name: Mark	Shirey		
Member			 9 Snapdragon Drive		⊠ Member	Address: 11	45 Shady La	ne	
Authorized	Austin,				Authorized	Gulf Breeze	, FI 32563		
Person					Person				
Other			 _Other		Other		Other_		
Manager	Name: _			<u> </u>	☐ Manager	Name:			
Member					Member	Address:			
Authorized					Authorized		±1.777		
Person					Person				
Other			Other	<u> </u>	Other		Other_		·
☐Manager ☐Member ☐Authorized					☐ Manager ☐ Member ☐ Authorized	Name:		१३४४ व्याप	1
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		<u> </u>		Typed or print	ed name of signee		_		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Cobalt Sky Ventures LLC (file number 800752868), a Domestic Limited Liability Company (LLC), was filed in this office on December 29, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 14, 2019.



David Whitley Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

TID: 10264

Dial: 7-1-1 for Relay Services Fax: (512) 463-5709 Document: 889156910002

Phone: (512) 463-5555 Prepared by: SOS-WEB