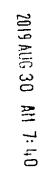
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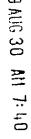
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### **COVER LETTER**

Registration Section TO: **Division of Corporations** 

## BLUE COMPASS PROPERTY GROUP, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

correspondence co	incerning ans matter to the for	iowing.		
Stacey	L. Wood			
	Name	e of Person		<del></del>
BLUE C	OMPASS PR	OPER1	ΓΥ GROUP, LLC	;
	Firm	Company		_
1033 H	averhill St.			
•	Λ	ddress		_
West S	acramento, C	4 9569	1	
	City/State	and Zip Code	-	
cooperw	<del>•</del>			
	E-mail address: (to be used for	r future annual	report notification)	_
rmation concerning	this matter, please call:			
acey L. W	/ood	, <b>510</b>	, 543-3699	2019
Name of	Contact Person	Area Code	Daytime Telephone Number	2019 ANG
ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			2661 Executive Center Circle	30 AH 7:41
	le to: <b>FLORIDA DEPARTM</b> \$130.00 Filing Fee &	ENT OF STAT	Filing Fee & S160.00 Filing	g Fee, Certificate
	Stacey  BLUE C  1033 Harmonic Mest Salamention concerning acey L. West Salament of Corporations action Section ox 6327 assec. FL 32314  ed is a check for the make check payable.	Stacey L. Wood  BLUE COMPASS PR  Firm  1033 Haverhill St.  West Sacramento, C./  City/State  cooperwood13@yaho  E-mail address: (to be used formation concerning this matter, please call:  ACCEDITION OF Contact Person  ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314  ed is a check for the following amount: make check payable to: FLORIDA DEPARTM 25.00 Filing Fee  \$130.00 Filing Fee &	Stacey L. Wood  BLUE COMPASS PROPERT  Firm/Company  1033 Haverhill St.  Address  West Sacramento, CA 9569  City/State and Zip Code  cooperwood13@yahoo.com  E-mail address: (to be used for future annual mation concerning this matter, please call:  ACCEY L. Wood  Name of Contact Person  Area Code  ING ADDRESS: on of Corporations ration Section ox 6327 assee, Fl. 32314  ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATes. 25.00 Filing Fee \$\Bigsim \$130.00 Filing Fee & \Bigsim \$155.00	Name of Person  BLUE COMPASS PROPERTY GROUP, LLC  Firm/Company  1033 Haverhill St.  Address  West Sacramento, CA 95691  City/State and Zip Code  Cooperwood13@yahoo.com  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  ACCEY L. Wood  Name of Contact Person  Name of Contact Person  ING ADDRESS: on of Corporations action Section ox 6327 ussee, Fl. 32314  and Sacramento, CA 95691  City/State and Zip Code  Cooperwood13@yahoo.com  E-mail address: (to be used for future annual report notification)  The Code of Sacramento, CA 95691  City/State and Zip Code  Cooperwood13@yahoo.com  E-mail address: (to be used for future annual report notification)  The Code of Sacramento, CA 95691  City/State and Zip Code  Cooperwood13@yahoo.com  E-mail address: (to be used for future annual report notification)  The Code of Sacramento, CA 95691  City/State and Zip Code  Cooperwood13@yahoo.com  E-mail address: (to be used for future annual report notification)  The Code of Sacramento, CA 95691  City/State and Zip Code  Cooperwood13@yahoo.com  E-mail address: (to be used for future annual report notification)  The Code of Sacramento, CA 95691  Area Code of Cooperations  City/State and Zip Code  Cooperwood 13@yahoo.com  E-mail address: (to be used for future annual report notification)  The Code of Sacramento (Cooperations)  Cooperwood 13@yahoo.com  E-mail address: (to be used for future annual report notification)  The Code of Sacramento (Cooperations)  Cooperwood 13@yahoo.com  City/State and Zip Code  Cooperwood 13@yahoo.com  E-mail address: (to be used for future annual report notification)  The Cooperwood 13@yahoo.com  City/State and Zip Code  Cooperwood 14@yahoo.com  City/Sta

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Vevada	nme adopted for the purpose of transacting business in				
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)	3	(FE) numb	er, if applicable)	
	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605,0905; F.S. to det	w to registration ) termine penalty liabili	ıy)		
1033 Have		6. <u>1</u>	033 Haverh		
(Street Address of I	ento, CA 95691	W	/est Sacramen		95691
		Pay NOT avan	-toklo)	••	2019
ame and <u>street addres</u> Name:	s of Florida registered agent: (P.O. I	_			2019 AUG 30 A
		nts Inc.	. <u> </u>		30
Name:	Registered Ager	nts Inc.	. <u> </u>	2	2019 AUS 30 AM 7: 40

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Stacey L. Wood Manager Manager Name: \_\_\_\_\_ ✓ Manager Address: 1033 Haverhill St. ☐ Member Address: ■Member West Sacramento, CA 95691 ☐ Authorized Authorized Person Person \_\_\_Other\_\_\_\_\_ Other\_\_\_\_\_ Other Other Manager Manager Name: Manager Name: Member Address: \_\_\_\_\_ Member Address: Authorized Authorized Person Person \_\_\_Other\_\_\_\_\_ Other Other\_\_\_\_ Other\_ Name: \_\_\_\_\_ Manager Manager Address: \_\_\_\_ ☐ Member Member Authorized Authorized Person Person Other Other\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any 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. Signature of an authorized person Stacey L. Wood

Typed or printed name of signee

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BLUE COMPASS PROPERTY GROUP, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/24/2019, and is in good standing in this state.

Certificate Number: B20190821165169

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/21/2019.

Barbara K. Cegavske BARBARA K. CEGAVSKE Secretary of State