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Special Instructions to Filing Officer:					
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SECRETARY OF STATE

APR 01 2020 M. SOLOMON

COVER LÊTTER

TO:

Registration Section

Div	ision of Corporation	r ns i	
SUBJECT:	TruBlu Labs LLC		
obile i.		Name of Limited Liability Company	
		 reign Limited Liability Company for Authorization to Transact Business in Florida," Cer ed to register the above referenced foreign limited liability company to transact business	
Please return	all correspondence of	concerning this matter to the following:	
	Dennis Cardina	l ale I	
		Name of Person	
	TruBlu Labs L	LC	
		Firm/Company	
	3650 Coral Rid	lge Dr., Ste 101	
		Address	
	Coral Springs.	FL 33065	
	<u>-</u>	City/State and Zip Code	
	bill@accutools.c		
		E-mail address: (to be used for future annual report notification)	
For further in	nformation concernin	ng this matter, please call:	
De	nnis Cardinale	954 227-0781 at ()	
	Name o	of Contact Person Area Code Daytime Telephone Number	
Re	diling Address: gistration Section		
	vision of Corporat D. Box 6327	tions Division of Corporations The Centre of Tallahassee	
	llahassee, FL 323		
Ple		the following amount: ble to: FLORIDA DEPARTMENT OF STATE S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Cert Certificate of Status Certified Copy of Status & Certified	

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in	lorida. The alternate name must include "Limited Liability Company	," "E.L.C." or "ELC.")
Ohio		84-5097112 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(I'El number, if applicable)	
	(Date first transacted business in Florida, if prior t	A pure letters \	
	(Seesections 605 0904 & 605,0905, F.S. to deterr	nine penalty liability)	
3650 Coral Ridge Dr.,		3650 Coral Ridge Dr., Ste 101	
reet Address of Principal Office)		6. (Mailing Address)	
Coral Springs, FL 3306	65	Coral Springs, FL 33065	
Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	70 07 07 07 07 07 07 07 07 07 07 07 07 0
Name:	Dennis Cardinale		TASSEE.
Office Address:	1713 NW 91st Ave		E STATE
	Plantation, FL	33065 , Florida	्रामी क
	(City)	(Zip code)	

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.

(Registered agent's Agnature)

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: Title or Capacity: Name and Address: Name: Dennis Cardinale Name: _____ Manager □ Manager Address: 1713 NW 91st Ave. ■ Member □Member Address: Plantation, FL 33322 Authorized □ Authorized Person Person □Other_____ Other____ □Other____ □Other_____ Name: ■ Manager □ Manager ☐ Member Address: ___ ☐ Member Address: □ Authorized □ Authorized Person Person □Other_____ □Other____ □Other_____ ☐Other______ □ Manager ☐ Manager Address: ☐Member Address: ☐ Member □ Authorized □ Authorized Person Person Other____ □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

William Steiger

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TRUBLU LABS LLC, an Ohio For Profit Limited Liability Company, Registration Number 4408143, was organized within the State of Ohio on November 26, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of March, A.D. 2020.

Ohio Secretary of State

Validation Number: 202009002702



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2020

DENNIS CARDINALE TRUBLU LABS LLC 3650 CORAL RIDGE DR., STE 101 CORAL SPRINGS, FL 33065 US

SUBJECT: TRUBLU LABS, LLC Ref. Number: W20000032155

We have received your document for TRUBLU LABS, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

Letter Number: 320A00006547

