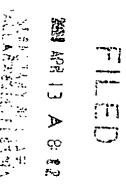
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BLAK CONSULTING LL Name of	Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refer	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida,	
Please return all correspondence concerning this matter to the	following:	
Brian Kimbrell	ame of Person	
BLAK CONSULTING	LLC irm/Company	
1194 S. Balsam	Address	
Lakewood, Co & City/s	State and Zip Code	
brical Cimbre 11 1 6 E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, please call:		
Brian Kimbrell Name of Contact Person	at ( <u>720</u> ) <u>299-3008</u> Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPAR'  S125.00 Filing Fee \$ \$130.00 Filing Fee & Certificate of Sta	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate	



February 19, 2020

BRIAN KIMBRELL 1194 S BALSAM CT LAKEWOOD, CO 80232

SUBJECT: BLAK CONSULTING LLC

Ref. Number: W20000017733

We have received your document for BLAK CONSULTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 2 of the document need to have the state the LLC is from.,

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) 245-6051.

Letter Number: 320A00003724

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION (05,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting busin		clude "Lamited Liability Company," "L1	C," or "LLC ",
Color and Our Included Include	which foreign limited liability company is organize	3. <u>82 5</u>	(FEI number, if applicable)	
2-7-2010	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F.S. to	prior to registration ) o determine penalty liability)		
i Gi S (Beet Address of Principal Office)	risin Ct.	6	Bakain Ct.	<del></del>
Lakewood	1,00 S0232	Loren	and a social	
Name and street addre	Bria & Kingh		ARABARA SALALARA	
Office Address:	6921 8. Bay I			
	Navarre (City)	Florida	(Xip code)	

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Lee ANN Kimbrell	□Manager	Name:
⊡Member	Address: 11945, Balsain C+1	□Member	Address:
□Authorized	-Cate 1300, (°C 5-023)	□Authorized	
Person		Person	
□Other	□Other	⊡Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		$\square$ Authorized	
Person		Person	
□Other	Other	□Other	Other
∐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. Non-indexed 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

Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

BLAK Consulting, LLC

is a

#### Limited Liability Company

formed or registered on 02/16/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181132087.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/08/2020 that have been posted, and by documents delivered to this office electronically through 04/09/2020 @ 14:34:31.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/09/2020 @ 14:34:31 in accordance with applicable law. This certificate is assigned Confirmation Number 12220540 ...



Secretary of State of the State of Colorado

\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."