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MI INTERNETING INTERNET

Division of Corporations Fax Number : (850)617-6383

From:	Account Number Phone	: CORPORATION SERVICE COMPANY : I20000000195 : (850)521-0821 : (850)558-1515	- : - :
		s for this business entity to be used for fut ngs. Enter only one email address please.**	ure

Email Address:

To:

Foreign Limited Liability Company BLUE ORIGIN FEDERATION, LLC

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COVER LETTER

TO: **Registration Section Division of Corporations**

Blue Origin Federation, LLC

SUBJECT: _

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.

Please return all correspondence concerning this matter to the following

	Name of Person
Blue Origin Federation, LLC	
······································	Firm/Company
21218 76th Ave S	
	Address
Kent, WA 98032	
***	City/State and Zip Code
nnewell@blueorigin.com	
e	: (to be used for future annual report notification)
e	
E-mail address	ease call. 253 437-5676
E-mail address	ase call.
E-mail address er information concerning this matter, ple Nancy Newell	ase call. 253 437-5676 at () Area Code Daytime Telephone Number Street Address:
E-mail address er information concerning this matter, ple Nancy Newell Name of Contact Person	ase call. <u>at (</u> <u>253</u>) <u>437-5676</u> <u>Area Code</u> Daytime Telephone Number <u>Street Address:</u> Registration Section
E-mail address er information concerning this matter, ple Nancy Newell Name of Contact Person Mailing Address:	ase call. at (<u>253</u>) <u>437-5676</u> Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations
E-mail address er information concerning this matter, ple Nancy Newell Name of Contact Person <u>Mailing Address:</u> Registration Section	ase call. <u>at (253</u>) <u>437-5676</u> <u>Area Code</u> Daytime Telephone Number <u>Street Address:</u> Registration Section

 \mathbf{P} 🗇 \$130.00 Filing Fee & 👘 \$155.00 Filing Fee & 👘 \$160.00 Filing Fee, Certificate 🖂 \$125.00 Filing Fee of Status & Certified Copy Certified Copy Certificate of Status

H20000138231 3

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

IN COMPHANCE 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:

, Blue Origin Federation, LLC

name unavailable, orter alternate n	ame adopted for the purpose of transacting business in Fi	orida. The alternate name r	nust include "Ennited Lisbility C	'ompany," "L.t. C." or "LEG
Washington		3		
(Jurisdiction under the law of w	hich foreign limited liability company (Vorganized)		(22. number, 1 ap	pilcabie)
May 8, 2020				
	(Date fust transacted business in Fiorida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration y ine penalty (lability)		
1201 3rd Ave, Ste 4900		21218 76th Ave S		
eet Address of Frincipal Office)		(Messing	(Address)	
Seattle, WA 98101-3	3095	Kent, WA	98032	
			<u> </u>	
·····	<u>ss</u> of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)		2022
·····	<u>ss</u> of Florida registered agent: (P.O. Box			2029 (
·····		<u>NOT</u> acceptable)		2029 2
Name and <u>street addres</u>	<u>ss</u> of Florida registered agent: (P.O. Box	. <u>NOT</u> acceptable)		20297. 7 11 7
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box Corporation Service Company			2029 (

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.

Alexan Bu ADESHA ROBERSON, ASST VICE PRESIDENT (Registered agent's signature)

H20000138231 3

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, Blue, Inc.	⊡Manager	Name. Blue Origin Enterprises, L.P.	
[]]Member	Address. 505 Fifth Ave, Ste 220	Member	Address. PO Box 94314 Seattle, WA 98124	
□ Authorized	Seattle, WA 98104	□Authorized		
Person		Person		
Other	[]Other	ElOther	Other	
□Manager	Name	□Manager	Name.	
□ Member	Address.	DMember	Address:	
□Authorized		Authorized		
Person		Person		
[]Other	Other	□Other	DOther	
□ Manager	Name	⊡Manager	Name. 20	
Member	Address.		Address.	
□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.

DocuSigned by.
haven hewell

Signature of an authorized person

Nancy Newell

H20000138231 3



I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BLUE ORIGIN FEDERATION, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/05/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/29/2020 UBI Number: 604 418 700 L I :01



Given under my hand and the Stal of the Stalic of Washington at Olympia, the State Cophul

in Ulyna

Khu Wynan, Secretary of State

Date Issied: 04/29/2020