

(((H20000335335 3)))



H200003353353ABCY

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

•		<del></del>	724	—-÷
To: Division of Corp Fax Number :	porations : (850)617-6383		24 Ap	G7 287 678
From:	: REGISTERED AGENTS INC.		74 74	Ę
	er : 120090000081		44	7.E.
	07)200-2803		≱. >~	3
	: (855)330-1010			(1)
PH 3: 29	**Enter the email address for this busin- annual report mailings. Enter only o Email Address:	one email address please.**	-	
SEP 25	Foreign Limited Liab	ility Company		
2020 SEP	Blue Horseshoe Travel, LLC			
	Certificate of Status	0		
	Certified Copy	0		
	Page Count	04		
	Estimated Charge	\$125.00		
			1	
		- :	٠.	

[1]

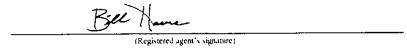
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Blue Horseshoe		
(Name of Foreign	Limited Liability Company; must include "U	Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate na	ame adopted for the purpose of transacting business	s in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC
Delaware		<sub>3</sub> 85-3178181
(Jurisdiction under the law of wh	isch foreign limited hability company is organized)	(FEI number, 1f applicable)
: /*	Date first transacted business in Florida, if p	The section of the se
4054.0.1	(See sections 605,0904 & 605,0905, F.S. to)	determine penalty liability)
4951 Calypso Cay Way (Street Address of Principal Office)		6. 7901 4th St N (Mailing Address)
(		STE 300
Kissimmee, FL 34746		St. Petersburg FL 33702
. Name and street addres	s of Florida registered agent: (P.O.	Box NOT acceptable)
Name: Office Address:	Registered Age	ents Inc.
	7901 4th St N S	STE 300
	St. Petersburg	, Florida 33702 👼 📆
	(City)	(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.



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: \_\_\_\_ Blue Horseshoe Holdco LLC Manager Name: Manager 7901 4th St N STE 300 Address: \_\_\_\_\_ Member ✓ Member St. Petersburg, FL 33702 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other Other\_\_ Manager Name: \_\_\_\_\_ Name: Manager Member Address: \_ \_ \_\_\_\_ Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_ Other\_ Manager Name: Manager 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. 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. Riley Park

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUE HORSESHOE TRAVEL, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE HORSESHOE TRAVEL, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at con delaware gov/aut

Authentication: 203735588

Date: 09-25-20