MACORONAO

(Reque	estor's Name)			
(Addre	ss)			
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(City/S	tate/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Busin	ess Entity Name			
(Доси	ment Number)			
Certified Copies Certificates of Status				
Special Instructions to Fili	ng Officer:			

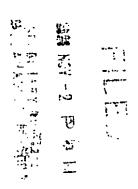
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T. LITMEUN

HAND ARENDALL HARRISON SALE LLC

35008 EMERALD COAST PARKWAY ■ SUITE 500 ■ DESTIN, FLORIDA 32541 (850) 650-0010 ■ Facsimile: (850) 424-5093

October 28, 2020

SENT VIA REGULAR U.S. MAIL
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Registration of Foreign Entity, Blue Lupine, LLC

To Whom It May Concern:

Please find the enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida of Blue Lupine, LLC, a Washington entity. We have also included the Certificate of Formation dated August 18, 2020, and check #:232023 in the amount of \$125.00 for processing of same.

Please let us know if you have any questions. Thank you.

Sincerely

Jessica Campfield, FRP Paralegal to Dion J. Moniz, Esq. jcampfield@handfirm.com (850) 460-3697

(650)

cc: Client

COVER LETTER

he enclosed "Application by Foreign Limited Liability Conxistence, and check are submitted to register the above refe	Limited Liability Company mpany for Authorization to Transact Business in Florida," Certifica		
he enclosed "Application by Foreign Limited Liability Conxistence, and check are submitted to register the above refelease return all correspondence concerning this matter to the			
lease return all correspondence concerning this matter to th	deficed to eight marice habitry company to transact business in the		
	e following:		
J. EDWARD FOULON			
<u> </u>	Name of Person		
BLUE LUPINE, LLC			
<u> </u>	Firm/Company		
9405 NE 104TH AVE			
	Address		
VANCOUVER, WA 98662			
City/	State and Zip Code		
ejsafoulon@comcast.net			
E-mail address: (to be use	ed for future annual report notification)		
or further information concerning this matter, please call:			
J. EDWARD FOULON	360 608-6275 at ()		
Name of Contact Person	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:			

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:

I. BLUE LUPINE, LLC	Limited Liability Company; must include "Limite	D. 13	and the second second			
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Cor	npany, L.L.C., or "LEC.)			
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in F	orida. The altern	ate name must include "Limited Lic	ability Company," "L.L.C," o	r"LLC.")	
WASHINGTON 2			-2621692			
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)			_	
4.						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liabil	ity)			
164 BLUE LUPINE W 5. (Street Address of Principal Office)			05 NE 104TH AVE		_	
(Street Address of Principal Office)			(Mailing Address)			
SANTA ROSA BEACH, FL 32459		VA	VANCOUVER, WA 98662			
					_	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	€		
Name:	Ashley Cappleman		_	A TOTAL STATE OF THE STATE OF T	**************************************	
Office Address:	86 Churchill Drive		_	7 . T	- 1 - 1 - 1 - 1 - 1 - 1	
	Santa Rosa Beach		32459 , Florida	क्री र = =================================		
	(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.

(Registered agencial gratture)

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: J. EDWARD FOULON Name: JOLYNN A. FOULON **■**Manager ■ Manager Address: 9405 NE 104th Ave Address: 9405 NE 104th Ave **■**Member ■ Member Vancouver, WA 98662 Vancouver, WA 98662 □ Authorized □ Authorized Person Person □Other Other____ □Other____ □Manager Name: _______ □Manager Name: □Member □Member Address: Address: ☐ Authorized □ Authorized Person Person □Other____ □Other_____ Other Other____ Name: _____ □ Manager Name: □Manager Address: Address: □ Member ■ 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.

Typed or printed name of signee

J. EDWARD FOULON



Secretary of State

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

CERTIFICATE OF FORMATION

to

BLUE LUPINE LLC

A WA LIMITED LIABILITY COMPANY, effective on the date indicated below.

Effective Date: 08/18/2020 UBI Number: 604 651 081



- F-10 TO TO

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 08/18/2020