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(Requestor's Name)			
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(Document Number)			
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## COVER LETTER

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	stration Section sion of Corporations			
	BLAIR REALTY L. L. C.  Name of Limited Liability Company			
SUBJECT: _	Name of Limited Liability Company			
The enclosed Existence, and	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Content of the company to transact business to the company to the company to transact business to the company to transact business to the company to transact business to the company to the com	lertificate of ss in Florida		
Please return :	all correspondence concerning this matter to the following:			
	Doubts K. Wighty Name of Person			
	BLAIR RGALTY Firm/Company			
37 FOREST VIEW WAY				
	CR mand BOACH, 71. 32174  City/State and Zip Code	157		
	E-mail address: (le be used for future annual report notification)			
	E-mail address: (to be used for future annual report notification)	-		
For further int	formation concerning this matter, please call:	3		
	GARKETT KLYCA at (386) 257-1646  Name of Contact Person Area Code Daytime Telephone Number			
	ing Address: Street Address: istration Section Registration Section			
_	sion of Corporations Division of Corporations			
	Box 6327 The Centre of Tallahassee			
Tall	ahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Pleas	osed is a check for the following amount: the make check payable to: FLORIDA DEPARTMENT OF STATE  25.00 Filing Fee Status			

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLICOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
I. BLAIR RGALTY (Name of Foreign Limited Liability Company: must include "Limited Liability Company of the Comp	L.L.C.
(Name of Foreign Limited Liability Company; must include "Linhited Li	iability Company,""L.L.C.," or "ELC,")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid	ta. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. (Durisdiction under the law of which foreign limited liability company is organized)	3
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to regulate executions 608,0904 & 605,0905, F.S. to determine p	estration i
	_
5. BLACK RGALTY L. L.C. Street Address of Principal Office)	6. BLACK ROALY L.L.C.
1020 Person Bry Dr.	1020 PELIUM BAY DR.
`	
DAYTONA BOALY 71. 32119	DAYTONA BOACY Tr. 32119
. Name and street address of Florida registered agent: (P.O. Box N	IOT acceptable)
<b>\</b>	. ·
Name: Doracts K. Wigi	-64
Office Address: 1020 Pelican BA	y DR.
DAYTOMA BEACH,	Florida 32119
(Cay)	(Zip code)
gistered agent's acceptance; wing been named as registered agent and to accept service of pro	cess for the above stated limited liability company at the place
ignated in this application, I hereby accept the appointment as recomply with the provisions of all statutes relative to the proper an	egistered agent and agree to act in this capacity. I further agree
l accept the obligations of my position as registered agent.	
\mathcal{\text{\text{anlak}}}	Wyly
(Registered agent's sign	Lature)

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: □Manager Manager Address: 37 FULLS VIEWWY □Member Address: ☐ Member ORMUND BOTCH, ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_ Other\_\_\_\_ Name: □Manager ∃Manager. □ Member Address: ]Member Address: \_\_\_\_\_\_ 1Authorized Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Other Name: \_\_\_\_\_ □Manager Manager Name: \_\_\_\_\_ □Member Address: Member Address: ☐ Authorized vuthorized Person erson. □Other\_\_\_\_ □Other \_\_\_ □Other\_\_\_\_\_ ortant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonced individuals may be added to the index when filing your Florida Department of State Annual Report form. tached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the liction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath : translator must be submitted) his document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information atted in a document to the Department of State constitutes a third degree velony as provided for in s.817.155, F.S.

## State of New York Department of State } ss:

I hereby certify, that BLAIR REALTY LLC a NEW YORK Limited Liability Company filed a Certificate of Conversion pursuant to the Limited Liability Company Law on 08/04/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of January two thousand and twenty-one.

Brandon C Hydro

Brendan C Hughes Executive Deputy Secretary of State