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TO: Registration Section
Division of Corporations

BLUEFISH HOLDINGS GROUP, LLC

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:

Flease feturn an correspondence concerning and matter to the following.
Brock Halstead
Name of Person
BLUEFISH HOLDINGS GROUP, LLC
Firm/Company
256 Medley Street
Address
Watersound, FL 32461
City/State and Zip Code
brock@bluefishhomes.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brock Halstead (502) 762-4908
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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:

	_DINGS GROUP, LLC Limited Liability Company; must include "Limi	ted Liability Cor	mpany." "L.L.C" or "LLC.")	
	me adopted for the purpose of transacting husiness in F			y Company," "L.L.C," or "LLC.")
2. Nevada	ich foreign limited liability company is organized)	3	(FEI number,	if applicable)
4				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) mine penalty habili	ity)	
5. 256 Medley Street (Street Address of Principal Office)		6. 256 Medley Street		
Watersound	l, FL 32461	V	/atersound,	FL 32461
				P P
7. Name and street addres	s of Florida registered agent: (P.O. Bo	NOT acco	ptable)	APR IL PI
Name:	URS Agents, LLC	C		PH 2: 58
Office Address:	3458 Lakeshore	Drive	_	fri -
•	Tallahassee		Florida	<u>) </u>
	(City)	<u> </u>	(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.

URS Agents, LLC by: Chan from (Registered agent's signature)

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 and Address: Name: Brock Halstead Name: Carrie Halstead Manager ✓ Manager Address: 256 Medley Street Address: 256 Medley Street Member ☐ Member Watersound, FL 32461 Watersound, FL 32461 Authorized Authorized Person Person ___Other____ Other Other_ Other____ Manager Manager Manager Name: Name: Member Address: __ ___ Member Address: ☐ Authorized Authorized Person Person Other____ Other Other Other___ ☐ Manager Manager Address: Member Address: 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. Signature of an authorized person

Typed or printed name of signee

Brock Halstead

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BLUEFISH HOLDINGS GROUP**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/19/2021, and is in good standing in this state.

Certificate Number: B202104061572654

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/06/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State