N31000006831

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Ви	siness Entity Nam	re)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

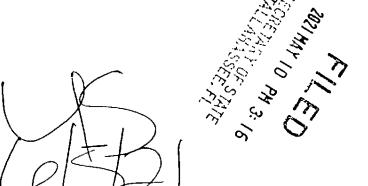




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COVER	LFTTER			

he enclosed "Application by Foreign Limited Liability Company xistence, and check are submitted to register the above referenced lease return all correspondence concerning this matter to the followard Welnetz Name Oliver Companies, Inc	of Person Tompany	
City/State accompliance@olivercompanies.com	of Person Tompany	
Page 1000 City/State Compliance@olivercompanies.com Concerning this matter to the following the season of t	of Person Company	
Name Oliver Companies, Inc Firm/C 525 S Lake Ave Ste 1000 Ac Duluth, MN 55802 City/State accompliance@olivercompanies.com	of Person Company	
Oliver Companies, Inc Firm/C 525 S Lake Ave Ste 1000 Ac Duluth, MN 55802 City/State ac compliance@olivercompanies.com	Ompany 201 HAY 1	
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compliance@olivercompanies.com	OF SEE.	
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	future annual report notification)	
or further information concerning this matter, please call:		
Karen Welnetz at	218 336.1287	
Name of Contact Person	Area Code Daytime Telephone Number	
	eet Address:	
	gistration Section	
· · · · · · · · · · · · · · · · · · ·	Division of Corporations	
	e Centre of Tallahassee	
	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
1.4	Rhassee, FL 32303	
Enclosed is a check for the following amount:		
Please make check payable to: FLORIDA DEPARTME \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	NT OF STATE - \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certifica	

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:

	name adopted for the purpose of transacting business in F	ionual the ancin	ane name musi mende. Limited i.	mornly Compan	y, 1, 1, 1, C,	or "l.
Delaware			-3048392			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI mun)	ber, if applicable	:)	
4/22/2021					2021 KA	-:T
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) une penalty liabil	ıty)		-<	100 and
4749 S Washington A		525 6.	5 S Lake Ave Ste 100		10 8	
reet Address of Principal Office)		<u></u>	(Mailing Address)	B H	-R	
Titusville, FL 32780				شەن	ဟု	
1100/110, 11, 32700			luth, MN 55802	FEE	<u>-</u>	
	ss of Florida registered agent: (P.O. Box			FAE	-	
	ss of Florida registered agent: (P.O. Box Kent Oliver	N <u>OT</u> acce		FAE	- - - - -	
Name and street addres	Kent Oliver	N <u>OT</u> acce		FLE		
Name and street addres	Kent Oliver	N <u>OT</u> acce		FL		

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 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Seth Oliver	□Manager	Name: Colleen Anderson
□Member	Address: 4749 S Washington Ave # 106	□Member	Address: 525 S Lake Ave Sie 100
□Authorized	Titusville, FL 32780	■ Authorized	Duluth, MN 55802
Person		Person	
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name: 282 H T
□Member	Address:	□Member	Address:
☐ Authorized		□Authorized	SEC. FI
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□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. Non-indexed 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

Colleen Andrean

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BLACK PEARL, 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-EIGHTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACK PEARL,

LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

PAID TO DATE.



Authentication: 203077851

Jeffrey W. Bullock, Secretary of State

Date: 04-28-21

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