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Division de Corporations

Fax Number : (250)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number: 1202C00C0130 Phone: (954)345-7889 Fax Number: (786)713-1940

Enter the email address for this business entity to be used for future amount report mailings. Enter only one email address please.

Email Address:_

RIJULZO PM I: OL Ecregary of State

Foreign Limited Liability Company BLUE HERMES LLC

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

IN COMPLIANCE WITH SECTION (05.0902 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

| | Limited Gability Company; must include "Limited | | | THE CONTRACTOR |
|---|---|-----------------------------|---|--|
| f name unavailable, enter alternate r | same adopted for the purpose of transacting business in Flo | vida. Tim s | tiermie name must include "Lindred Liability Co | mpany, THEE C, " or TEEC.") |
| DELAWARE (Jurisdiction under the law of w | luch foreign Errised liability company is arganized) | 3. | 86-3130141 (FEI manifes, if appl | cable) |
| · | (Date first framsected business in Florida, if prior to a (See sections 605,0964 & 603,0905, P.S. to determine | egistration ne penalty l | abil:ty) | |
| 19877 E COUNTRY O | CLUB DR | | 1549 NE 123 ST | 28 |
| reet Address of Principal Office) | | ó. <u> </u> | (Mailing Address) | 7 12 |
| AVENTURA, FL 3318 | ชบ | _ | NORTH MIAMI, FL 33161 | <u></u> |
| | | | | 20 |
| Name and street address | ss of Florida registered agent: (P.O. Box | NOT a | eceptable) | WH 1: 116 |
| Name: | ACCOUNTANT & MANAGEMENT | INC | | |
| Office Address: | 1549 NE 123RD ST | | | |
| | NORTH MIAMI (City) | | , Florida 33161 (Zip zode) | |
| | | | for the above stated limited liability | y company at the place capacity. I further agre |

To: 18506176383

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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: Manager Member Authorized Person Other | Name and Address: GUIMAREY, BARBARA NATALIA Name: 1549 NE 123RD ST Address: NORTH MIAMI, FL 33161 DOther | Title or Capacity: Manager Member Authorized Person Other | Name: | me and Address: | |
|--|---|--|----------|-----------------|------------------------------|
| ☐ Manager ☐ Member ☐ Authorized Person ☐ Other | Name:Address: | ☐Manager ☐Member ☐Authorized Person ☐Other | Address: | Other | المارية المارية منداية |
| ☐Manager ☐Member ☐Authorized Person ☐Other | Name: | ☐Manager ☐Member ☐Authorized Person ☐Other | Name: | 20 Apr 4: 46 | T |

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 Smittes, 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.

| 1200000 |
|-----------------------------------|
| Signature of an authorized person |
| BARBARA NATALIA GUIMAREY |
| isped or printed name of sugare |

To: 18506176383

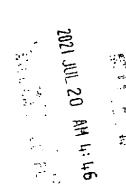


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE HERMES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE HERMES LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2020.

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



4207171 8300 SR# 20212727381

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203694917

Date: 07-16-21