

M21000009949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

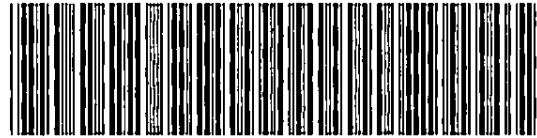
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 JUL 30 PM 4:19
CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

7/21/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEWAVES ELITE, 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:

Kristin E. Hibner

Name of Person

BLUEWAVES ELITE, LLC

Firm/Company

2415 Peacock Ct

Address

Saint Cloud, FL 34771

City/State and Zip Code

krisdains@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin E. Hibner

Name of Contact Person

407

at (Area Code)

259-7246

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: ~~FLORIDA~~ DEPARTMENT OF STATE



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
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

1. BLUEWAVES ELITE, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Nevada

(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 registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2415 Peacock Ct

(Street Address of Principal Office)

6. 2415 Peacock Ct

(Mailing Address)

Saint Cloud, FL 34771

Saint Cloud, FL 34771

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

NCH Registered Agent

Office Address:

390 North Orange Ave., Ste.2300-N

Orlando

(City)

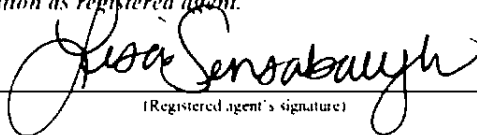
Florida

32801

(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 agent's signature)

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CLERK OF DISTRICT COURT
JUL 29 2021

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For internal tracking purposes, list the title, name, and address of the primary persons managers and those who hold full-time up to 10% of total

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name <u>Kristin E. Hibner</u>	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address <u>2415 Peacock Ct</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Volunteer	<u>Saint Cloud, FL 34771</u>	<input type="checkbox"/> Volunteer	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Volunteer	_____	<input type="checkbox"/> Volunteer	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Volunteer	_____	<input type="checkbox"/> Volunteer	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

For public notice, please include the following information: The following is a summary of the information that is not included under FOIA and is added to the public record of the Department of State and the Department of Defense.

9. The following information is not included in the public record of the Department of State and the Department of Defense under FOIA. This information is not included in the public record of the Department of State and the Department of Defense under FOIA.

10. The document is exempt from public release under FOIA. The document is not included in the public record of the Department of State and the Department of Defense under FOIA.

Kristin E. Hibner

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, **BLUEWAVES ELITE, 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 07/16/2021, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/28/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202107281869486

You may verify this certificate

online at <http://www.nvsos.gov>