M200011039

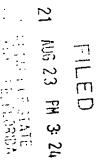
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip	/Phone #)			
PICK-UP WA	NT MAIL			
(Business Enti	ty Name)			
·				
(Document Nu	mber)			
Certified Copies Certi	ficates of Status			
Special Instructions to Filing Officer:				

Office Use Only



400369209954

07 .. 1. H 11.7HH218 *+125.11



My My

COVER LETTER

TO:

Registration Section

	Bluehawk, LL	
SORTECT:	Name o	f Limited Liability Company
The enclosed "Ap Existence, and ch	pplication by Foreign Limited Liability Coneck are submitted to register the above ref	mpany for Authorization to Transact Business in Florida," Certificate derenced foreign limited liability company to transact business in Florid
Please return all o	correspondence concerning this matter to t	he following:
	Aimer	Sixe.(
		Name of Person
	Bluehaw	K, LLC Firm/Company
		Firm/Company
	10501 WE 35	8th PL
		Address
	Kirkland, V	NA 98033
	City	//State and Zip Code
-	finance ablue	hawk (onsoltting: com sed for future annual report notification)
For further infor	mation concerning this matter, please call:	
	Name of Contact Person	at (426) 998 - 6900 Area Code Daytime Telephone Number
Morra Rogis	n Addres at On	Street Address: Registration Section
DHisk	01) Οι Ουιρηπαισσ ιση	Division of Corpora
	Box 6327 passee, FL 32314	The Centre of Talla see 2415 N. Monroe St., J., Suite 810
i aliali	Jassec, 115 32314	Tallahassee, FL 32303
Please r	ed is a check for the following amount: make check payable to: FLORIDA DEPA 5.00 Filing Fee	& 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate



August 2, 2021

AIMEE SIXEL 10501 NE 38 PL KIRKLAND, WA 98033

SUBJECT: BLUEHAWK, LLC Ref. Number: W21000099089

We have received your document for BLUEHAWK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on the document and the name on the certificate must be the same...

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 921A00015862

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

(Name of Foreign	Limited Liability Company, must include "Limited	d Liability Con	ipany," "L.L.C.," or "LLC."	····	
uehawk Management (Consulting LLC	· · · · · · · · · · · · · · · · · · ·		,	
name unavailable, enter alternate Washington State	name adopted for the purpose of transacting business in Fl		ate name must include "Limited 4133389	Liability Company," "L L C," or	
•					
(Jurisdiction under the law of which foreign limited liability company is organized)		3	3. (FEI number, it applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration)			
10501 NE 38th Pl	·		01 NE 38th Pl		
		6	(Mailing Address)		
reet Address of Principal Office) Kirkland, WA 98033		Kirk	(Mailing Address)		
				_	
Name and street addre	ess of Florida registered agent: (P.O. Box		otable)		
Name and street addre			otable)	21	
	ss of Florida registered agent: (P.O. Box InCorp Services		otable)		
Name and street addre		NOT accep	otable)	1	
	InCorp Services	-	otable)	FILE AUG 23	
Name:	InCorp Services 17888 67th Court North		otable)	F1L AUG 2:	
Name:	InCorp Services 17888 67th Court North			AUG 23	

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.



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:
¼ Manager	Name: Tamera Wartin	[]Manager	Name: Zachry Hopkins
□Member	Address: PO Box 1679	□Member	Address: PO Box 141
□Authorized	Divall, WA 98019	□Authorized	Bellevue, WA 98009
Person		Person	
∐Other	□Other	□Other	□ Other
□Manager	Name: Kevin Higman	□Manager	Name:
□Member	Address: 15 11th Ave W	□Member	Address:
Authorized	KIRKLAND, WA 98033	□Authorized	
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

KEVIN Typed or printed name of signee



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seed, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BLUEHAWK, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/22/2011.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/30/2021 UBI Number: 603 167 293 STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 06/30/2021