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		COVER LETTER
	gistration Section vision of Corporations	
SUBJECT:	Bloom Group Management LLC	
SODGEC1.		e of Limited Liability Company
The enclose Existence, a	ed "Application by Foreign Limited Liability (and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please retur	n all correspondence concerning this matter to	o the following:
	Elise Cothern	
		Name of Person
	Slingshot, LLC	
		Firm/Company
	320 Gold Ave. SW, Ste. 620	
		Address
	Albuquerque, NM 87102	
	C	ity/State and Zip Code
	FILINGS@L4SB.COM	
	E-mail address: (to be	used for future annual report notification)
For further	information concerning this matter, please cal	II:
El	ise Cothern	505 715-5700 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:		Street Address:
	egistration Section	Registration Section
	vision of Corporations	Division of Corporations
	O. Box 6327	The Centre of Tallahassee
I a	ıllahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE

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 unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability Com	mpany," "L.L.C," or "LLC.
Wyoming			
(Jurisdiction under the law of t	which foreign limited liability company is organized)	3(FEI number, if applications are applied to the state of the	able)
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)	
312 W 2nd St		312 W 2nd St	
rect Address of Principal Office)		O. (Mailing Address)	
Unit A267		Unit A267	
Casper, WY 92601		Casper, WY 82601	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2021 SE?
Name:	Registered Agents Inc.)E7-9
Office Address	7901 4th St N STE 300		PH 2
Office Address:			
Office Address:	St. Petersburg	33702 , Florida	30

(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:
Bloom Group Management Title or Capacity: Title or Capacity: Name and Address: Name: Holdings LLC □ Manager □Manager Name: Address: 312 W 2nd. St. ■ Member □Member Address: _____ Unit A267 □ Authorized ☐ Authorized Casper, WY 82601 Person Person □Other_ □Other____ Other □Other____ □ Manager Name: _____ □Manager Name: _____ □Member Address: ____ □Member Address: _____ □ Authorized ☐ Authorized Person Person □Other___ □Other □ Other □Other_____ □ Manager □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. 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 Laurence S. Donahue, Esq.

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Bloom Group Management LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 2, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001032796**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of September, 2021 at 4:01 PM. This certificate is assigned ID Number 046722530.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.