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D	ate: 03/14/2022
	Acc#120160000072
Name:	Blakely Harbor Advisors, LLC
Document #:	
Order #:	14183875
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:
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COVER LETTER

ro:	Registration Section Division of Corporations		
SUBJE		XI COLOR ALLIA TIN COLOR	
		Name of Limited Liability Company	
The en Exister	closed "Application by Foreign Limited Liab nce, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida," Certificate of pove referenced foreign limited liability company to transact business in Florida	
Please	return all correspondence concerning this ma	tter to the following:	
	Elizabeth MacElwee Jones, CFA		
		Name of Person	
	Blakely Harbor Advisors, LLC		
		Firm/Company	
	2895 East Sunrise Blvd, Suite 210)4	
		Address	
	Fort Lauderdale, FL 33304		
		City/State and Zip Code	
	emj@blakelyharboradvisors.com		
	E-mail address: ((to be used for future annual report notification)	
For fur	ther information concerning this matter, please	se call:	
	Elizabeth M Jones	at (754) 301-8804	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, 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		
	□ \$125.00 Filing Fee □ \$130.00 Filin		

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TO:

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: Blakely Harbor Advisors, LLC (Name of Foreign Limited Embility 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 "L.L.C.") Washington State, USA WA UBI: 602-898-426 (Jurisdiction under the law of which foreign limited liability company is organized) (1-1:1 number, if applicable) October 1, 2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 2895 East Sunrise Blvd, Suite 2104 (Street Address of Principal Office) Fort Lauderdale, FL 33304 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System. Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. CT Corporation System (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: Name and Address: Title or Capacity: Title or Capacity: Elizabeth M Jones Name: _____ ■ Manager Name: ☐ Manager 2895 East Sunrise Blvd, Address: Address: ☐ Member ☑Member Suite 2104 □ Authorized ☐ Authorized Fort Lauderdale, FL 33304 Person Person Other____ □Other _____ Other __ Other____ Manager Name: _____ □Manager Name: _____ Address: ______ □ Member □Member Address: ___ _____ ☐ Authorized □ Authorized Person Person Other____ □Other_____ Other___ □Other____ Name: _____ □Manager Name: ______ □Manager □Member Address: _____ □Member Address: _____ □ Authorized □ Authorized Person Person 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 Elizabeth MacElwee Jones, CFA

Typed or printed name of signee





Secretary of State

I, STEVE R, HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BLAKELY HARBOR ADVISORS, 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 02/10/2009.

I 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:

03/01/2022

UBI Number:

602 898 426



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

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 03/01/2022