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2022 HAY -3 PH 5: 19

COVER LETTER

TO:

Registration Section

SUD IEZT	BLUE BADGER, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Existence, ar	f "Application by Foreign Limited Liability Code the check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate eferenced foreign limited liability company to transact business in Florida.			
lease return	all correspondence concerning this matter to	the following:			
	MICHAEL CICERO				
		Name of Person			
		Firm/Company			
	550) N LAKE DR				
	<u> </u>	Address			
	WHITEFISH BAY, WI 53217				
	Ci	ity/State and Zip Code			
	MTCICERO27@GMAIL.COM				
	E-mail address: (to be	used for future annual report notification)			
For further i	nformation concerning this matter, please cal	l:			
СН	RISTOPHER BRENT KELLER	662 322-4370 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Re Di P.0	gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee	ARTMENT OF STATE 2 & S155.00 Filing Fee & \$160.00 Filing Fee, Certificate			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BLUE BADGER, LLC (Name of Foreign	Limited Liability Company; must include "Limited	Liability Con	npany,""T., L.C.," or "LLC,")	_	-	
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alterna	ate name must include "Limited Lual	bility Company,"	"L.L.C," o	r"LLC.
MISSOURI, USA			3-1213617			
Uurisdiction under the law of which foreign limited liability company is organized)		3	3. (FEI number, if applicable)			
N/A						
	(Date first transacted business in Florida affarior to a	restration)				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	ne penalty liabili	ity)			
5501 N LAKE DR		55	01 N LAKE DR			
treet Address of Principal Office)		в	(Mailing Address)			_
WHITEFISH BAY, W	/1 53217	WI	HTEFISH BAY, WI 532	17		
			-		20	_
					028 HA	
			<u> </u>	## P	==	— <u>. </u>
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ntable)		ယ်	1
. Name and <u>street addres</u>	ss of Florida registered agent. (F.O. Do.)	<u>NOT</u> acce	ptaole)		PH	17
	AMOUNT CHOUSE			7.7	نن عد	
Name:	MICHAEL CICERO			7018972.		
	1354 CENTRE COURT RIDGE DR			3-	9	
Office Address:	15.54 CENTRE COOKT KIDOLEDK					
	REUNION		34747			
	(Cnv)	 -	, Florida			
	(Cny)		(z.ip code)			

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.

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:
≡ Manager	Name: Michael Cicero	Manager	Name: Christopher Brent Keller
□Member	Address: 5501 N Lake Dr	□Member	Address: 135 Whispering Willow Cl
□Authorized	Whitefish Bay, WI 53217	□Authorized	Cape Girerdeau, MO 63701
Person	708-209-5288	Person	662-322-4370
Other		□Other	
□Manager	Name:	⊡Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
⊒Manager	Name;	□Manager	Name:
⊒Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

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

MICHAEL T. CICERO

Typed or printed name of signer

STATE OF MISSOUR



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Blue Badger, LLC LC014362192

was created under the laws of this State on the 9th day of March, 2022, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 28th day of March, 2022.

Secretary of State

OF A SUPPLIANCE OF THE SUPPLIA

Certification Number: CERT-03282022-0047