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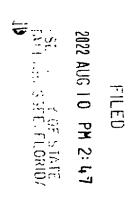
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T. LEMIEUX AUG 15 2022

COVER LETTER

TO:

SUNIFOR	Blue Stream Holdings 2, LLC		
SUBJECT:	Name	e of Limited Liability Company	
The enclosed Existence, an	f "Application by Foreign Limited Liability Conditional Check are submitted to register the above i	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Floridate.	
lease return	all correspondence concerning this matter to	o the following:	
	Victor Recondo		
		Name of Person	
	Solomon, Cooperman, Recondo & We	eiss, LLP	
		Firm/Company	
	1101 Brickell Avenue, Suite N1101		
		Address	
	Miami, 33131		
	C	ity/State and Zip Code	
	victor@sfllp.com		
	E-mail address: (to be	e used for future annual report notification)	
For further in	nformation concerning this matter, please ca	II:	
Vic	etor Recondo	786 441-5563	
-	Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: 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	
Ple	closed is a check for the following amount: tase make check payable to: FLORIDA DEF \$125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate	

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

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

Blue Stream Holdings 2	2. LLC				
(Name of Foreign)	P. LLC Limited Liability Company; must include "Limited	d Liability	Company," "L.L.C.," or "L.LC.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in FI	orida. The a	alternate name must include "Lumited Liability Comp	oany," "L. L. C." or "L1,C.")	
Delaware 2.		3.	N/A		
(Jurisdiction under the law of which foreign limited hability company is organized)			3. (Fi:1 number, (l'applicable)		
4	(Date first transacted business in Florida, if prior to	registration			
	(See sections 605,0904 & 605,0905, F.S. to determine	ine penalty l	liabduy)		
Blue Stream Holdings 5.	2. L.L.C	6.	Blue Stream Holdings 2, LLC (Mading Address)		
(Street Address of Principal Office)		_	(Mading Address)		
12409 N.W. 35th Stree	t		12409 N.W. 35th Street		
Coral Springs, FL 3306	5		Coral Springs, FL 33065		
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	icceptable)	PILED PH 2: 47	
Name:	Solomon, Cooperman, Recondo & We	siss, LLP	·	FILED PR	
Office Address:	1101 Brickell Avenue, Suite N1101			1 2: 47	
	Miami		33131 Florida		
	(Cny)		(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)

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: Joseph Canavan	□Manager	Name: Myron Reising
□Member	Address: 12409 N.W. 35th Street	□Member	Address: 12409 N.W. 35th Street
■ Authorized	Coral Springs, FL 33065	■Authorized	Coral Springs, FL 33065
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name: Orlando Rios
□Member	Address: 12409 N.W. 35th Street	□Member	Address: 12409 N.W. 35th Street
■Authorized	Coral Springs, FL 33065	■Authorized	Coral Springs, FL 33065
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.

Myron Reising		
	Signature of an authorized person	
Myron Reising		
-	Exped or printed name of signee	

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUE STREAM HOLDINGS 2, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

Authentication: 204031780