

MA20000018409



600398080706

11/28/22--01027--022 \*\*130.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

2022 NOV 28 PM 2:56  
ALL

T. LEMIEUX  
DEC 12 2022



November 19, 2022

Florida Secretary of State - Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: 8034 Almo Rd, LLC**

To Whom It May Concern:

Enclosed please find the following:

- Original copy of Application by an LLC to transact business in Florida
- A check for \$130.00 for the filing fee payable to Florida Secretary of State
- A pre-addressed, stamped envelope for returning the file-stamped documents.

If you have any questions regarding the filing of this Statement, please do not hesitate to contact me. I can be reached at 1-800-706-4741.

Thank you,

Tomas Diaz-Marin  
Entity Processor

800 706 4741 toll free  
253 248 0003 fax  
[www.andersonadvisors.com](http://www.andersonadvisors.com)

Washington  
732 Broadway, Suite 201  
Tacoma, WA 98402

Florida  
3275 McLeod Drive  
Las Vegas, NV 89121

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8034 Almo Rd. LLC  
\_\_\_\_\_ Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tomas Diaz-Marin  
\_\_\_\_\_ Name of Person

Anderson Business Advisors  
\_\_\_\_\_ Firm/Company

3225 McLeod Dr. Ste 100  
\_\_\_\_\_ Address

Las Vegas, NV 89121  
\_\_\_\_\_ City/State and Zip Code

ra@andersonadvisors.com  
\_\_\_\_\_ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tomas Diaz-Marin at ( 800 ) 706-4741  
\_\_\_\_\_ Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. 8034 Almo Rd. LLC
(Name of Foreign Limited Liability 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 "LLC.")

2. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1718 Capitol Ave
(Street Address of Principal Office)

6. 1718 Capitol Ave
(Mailing Address)

Cheyenne, WY 82001

Cheyenne, WY 82001

USA

USA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Anderson Registered Agents, Inc.

Office Address: 625 E. Twiggs Street, Suite 110

Tampa, Florida 33602
(City) (Zip code)

2022 NOV 28 PM 2:56
FILED

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.

[Handwritten signature]

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Blue Pearl Investments, LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1718 Capitol Ave	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Cheyenne, WY 82001	<input type="checkbox"/> Authorized Person	_____
	USA		_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

*Tomas Diaz-Marin*  
 \_\_\_\_\_  
 Signature of an authorized person

Tomas Diaz-Marin  
 \_\_\_\_\_  
 Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**8034 Almo Rd, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 19, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001186371**.

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 19th day of November, 2022 at 5:52 PM. This certificate is assigned ID Number 056590219.



A handwritten signature in black ink, appearing to read "Karl T. Allred", written over a horizontal line.

Secretary of State