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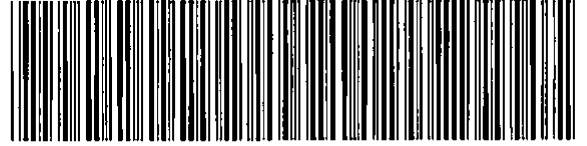
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLAZERWILKINSONGEE, 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:

Melissa Walker

Name of Person

Buck & Mallett

Firm/Company

149 Bonifacio Place

Address

Monterey CA 93940

City/State and Zip Code

melissa@bam-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Walker

831

646-1733

at ()

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. BLAZERWILKINSONGEE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. California

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

20-0222339

3. (FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

902 East Trapnell Road

5. (Street Address of Principal Office)

Plant City, FL 33566

P.O. Box 7428

6. (Mailing Address)

Spreckels, CA 93962

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

Name:

Joey D. Herring

Office Address:

902 East Trapnell Road

Plant City

(City)

Florida 33566

(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:**

☐ Manager Name: John Wilkinson

☒ Member Address: P.O. Box 7428

☐ Authorized Spreckels, CA 93962

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Daren Gee

☒ Member Address: P.O. Box 7428

☐ Authorized Spreckels, CA 93962

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Scott Blazer

☒ Member Address: P.O. Box 7428

☐ Authorized Spreckels, CA 93962

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

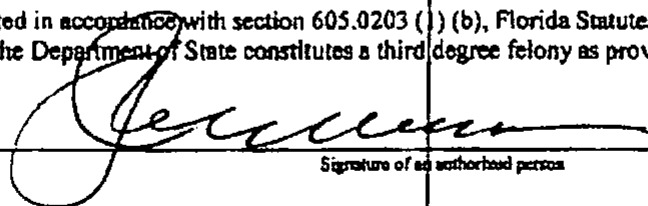
Person _____

☐ 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.



Signature of an authorized person

John Wilkinson

Typed or printed name of signer



Secretary of State

Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: BLAZERWILKINSONGEE, LLC
Entity No.: 202100110746
Registration Date: 01/01/2021
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 26, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 076988944

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

GWENDOLEN S. BUCK
1942 - 2012

THOMAS E. MALLET
tom@bam-law.com

BUCK & MALLET
PROFESSIONAL LAW CORPORATION
149 BONIFACIO PLACE
MONTEREY, CALIFORNIA 93940

TELEPHONE
(831) 646-1733

FACSIMILE
(831) 646-8484

January 26, 2023

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: BlazerWilkinsonGee, LLC
Our File No. BWGEE-9940

Dear Sir or Madam:

With regard to the above-captioned LLC, enclosed for the purposes of registering this foreign entity to transact business in Florida please find the following items:

1. Cover Letter
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
3. California Certificate of Good Standing
4. Our firm's check #1023 in the amount of \$155.00

Please return a certified letter of acknowledgment to the address shown above. If it is possible to email the certified letter of acknowledgement, I would appreciate your using the email address on the enclosed Cover Letter. In the event you have any questions or comments regarding the enclosed, please do not hesitate to contact me. Thank you for your assistance in this matter. Best regards.

Very truly yours,

BUCK & MALLET,
PROFESSIONAL LAW CORPORATION



MELISSA WALKER
Certified Paralegal

enclosures
cc via email:
Kiana Amaral
John Wilkinson
Joey Herring