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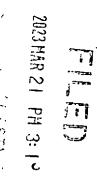
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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45/23/

COVER LETTER

TO:

31556 Blue Star LLC		
	Name of Limited Liability Company	
	n Limited Liability Company for Authorization to Transact Busine register the above referenced foreign limited liability company to	
return all correspondence con	cerning this matter to the following:	
David R. Glickma	n, Esq./Katie Folden	
	Name of Person	
The Markarian Gr	oup	
	Firm/Company	
2925 PGA Blvd.,	Suite 204	202
<u>.</u>	Address	2023 HAR 2
Palm Beach Garde	ens, FL 33410	R 21
	City/State and Zip Code	77 70
davidg@forbusines	andlife.com	်းတွင်း
E	-mail address: (to be used for future annual report notification)	
urther information concerning t	nis matter, please call:	
Katie Folden	561 621-7114	
Name of C	ontact Person Area Code Daytime Telepho	one Number
Mailing Address:	Street Address: Registration Section	
Registration Section Division of Corporation		
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303)
	· analicopes · C DDD OD	

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware 2.	f name unavailable, enter alternate	name adopted for the nurvose of transacting business in F	rida. The alternate name must include "Limited Liability Compa	uny." "L.L.C." or "
(Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 603 0904 & 603 0905, F.S. to determine penalty liability) 2925 PGA Blvd., Suite 204 (Italing Address) Palm Beach Gardens, FL 33410 Palm Beach Gardens, FL 33410 Palm Beach Gardens, FL 33410 The Markarian Group Name: 2925 PGA Blvd., Suite 204 Office Address: Palm Beach Gardens 33410				_,,
(Date first transacted business in Florida, if prior to registration.) (See sections 603 0904 & 603 0905, F.S. to determine penalty liability) 2925 PGA Blvd., Suite 204 46. (Mailing Address) Palm Beach Gardens, FL 33410 Palm Beach Gardens, FL 33410 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 2925 PGA Blvd., Suite 204 Office Address: Palm Beach Gardens 33410			3.	
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Name: 2925 PGA Blvd., Suite 204 Office Address: Palm Beach Gardens 33410	Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Office Address: Palm Beach Gardens 33410	Name and street addres		NOT acceptable)	
Office Address: Palm Beach Gardens 33410	-		NOT acceptable)	
Palm Beach Gardens 33410		The Markarian Group	NOT acceptable)	
	Name:	The Markarian Group	NOT acceptable)	
, Florida	Name:	The Markarian Group	NOT acceptable)	
(City) {Zip code}	Name:	The Markarian Group 2925 PGA Blvd., Suite 204	33410	

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: Title or Capacity: Name and Address: Name and Address: Name: William D. Bailey, Jr. □Manager □Manager Name: _____ 2925 PGA Blvd., Suite 204 Address: **■**Member □Member Address: _____ Palm Beach Gardens, FL 33410 □ Authorized ☐ Authorized Person Person □Other____ Other Other___ Other____ □Manager Name: □Manager Address: □Member □Member ☐ Authorized ☐ Authorized Person Person □Other___ □Other □Other □Other □ Manager Name: Name: _____ ☐ Manager ☐ 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. 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

- 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

David R. Glickman, Esq.

Page 1

Delaware The First State

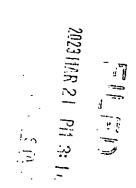
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "31556 BLUE STAR 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 SECOND DAY OF FEBRUARY, A.D. 2023.





Authentication: 202629746

Date: 02-02-23