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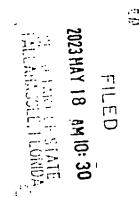
| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL. |
| (Bu | siness Entity Name |) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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TO:

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|--------|---|---|
| SUBJ | Blue Skies Around, LLC | |
| | | ame of Limited Liability Company |
| | | ity Company for Authorization to Transact Business in Florida." Certificate of over referenced foreign limited liability company to transact business in Florida. |
| Please | return all correspondence concerning this matter | er to the following: |
| | Michele Gilley | |
| | | Name of Person |
| | Goodson Manley Law & Legacies. | PLLC |
| | | Firm/Company |
| | 5090 N. 40th Street, Suite 200 | |
| | | Address |
| | Phoenix, AZ 85018 | |
| | | City/State and Zip Code |
| | michele@goodsonmanleylaw.com | |
| | E-mail address; (to | be used for future annual report notification) |
| For fu | rther information concerning this matter, please | call: |
| | Michele Gilley | 602 252-0188 at () |
| | Name of Contact Person | Area Code Daytime Telephone Number |
| | Mailing Address: | Street Address: |
| | Registration Section Division of Corporations | Registration Section Division of Corporations |
| | P.O. Box 6327 | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | 1474444 | Tallahassee, FL 32303 |
| | Enclosed is a check for the following amount Please make check payable to: FLORIDA D S125.00 Filing Fee S130.00 Filing Certification | DEPARTMENT OF STATE |

D434120230F8465.

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:

| and distantoic, that attribute | name adopted for the purpose of transacting business in Flo | rida. The alternate name must include "Limited Liabi | lity Company," "I. I. C," | or "L1,C,") |
|---|---|--|----------------------------|----------------|
| Arizona | | 46-2971931 3. | | |
| (Jurisdiction under the law of w | hich foreign limited hability company is organized) | (FEI number, | if applicable) | |
| | | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin | egistration) ie penalty liability) | | |
| 8668 Navarre Parkway | r#339 | 8668 Navarre Parkway #339 | | |
| eet Address of Principal Office) | | 6. (Mailing Address) | | |
| Navarre, Fl. 32566 | | Navarre, FL 32566 | | |
| | | | | - , |
| | | • | 702 | · |
| | | | 3 14 | |
| Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable) | | F I |
| | | | <u>č</u> co 1110 | ĺΠ |
| Name: | Ron Ause | | 1 | 0 |
| | 8668 Navarre Parkway #339 | | 10: 30 -141E -Lurib/ | |
| | oono maranto managara | | | |
| Office Address: | | | • | |
| Office Address: | Navarre | 32566 | • | |
| Office Address: | Navarre (City) | 32566 Florida(Zip code) | _ | |
| Office Address: gistered agent's accep | (City) | , Florida | <u>.</u> | |

(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: Ron Ause | □Manager | Name: Cello Limited Partnership |
| □Member | Address: 8668 Navarre Parkway #339 | ■Member | Address: 5090 N 40th Street #200 |
| □Authorized | Navarre, FL 32566 | □Authorized | Phoenix, AZ 85018 |
| Person | | Person | |
| □Other | □Other | □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 |

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.

| Ron Ruse | · , . |
|-------------------|-----------------------------------|
| D434120230FB405 | Signature of an authorized person |
| Ron Ause, Manager | |
| | Typed or printed name of signee |





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Blue Skies Around, LLC

ACC file number: L18524908

was incorporated under the laws of the State of Arizona on 06/07/2013, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 04/28/2023

Douglas R. Clark, Executive Director

Magler K.Clark



