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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
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APPROVED
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JUN 29 2023



To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/28/23

Order #: 1229233-1

Re: BLIZZARD EQUITIES SPECIAL SELECT, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$130.00 - FL State Account Number:

120000000195 //

AUTH:

Please take the following action:

File in your office on basis

Issue good standing and date stamped copy

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

| TO: | Registration Section Division of Corporations | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| SHRI | Blizzard Equities Special Select, LL | .c | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| | | lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida. | | | | | | |
| Please | return all correspondence concerning this mat | ter to the following: | | | | | | |
| | Dominic Polizzotto | | | | | | | |
| | - | Name of Person | | | | | | |
| | Blizzard Equities Special Selec | et. LLC | | | | | | |
| | Firm/Company | | | | | | | |
| | 3605 S. Town Center Drive, Su | uite A | | | | | | |
| | - | Address | | | | | | |
| | Las Vegas, NV 89135 | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | | | | | | |
| | investments@pilotgrovellc.com | | | | | | | |
| | E-mail address: (| to be used for future annual report notification) | | | | | | |
| For fu | rther information concerning this matter, pleas | e call: | | | | | | |
| Maryan Telling | | 702 240-2655 at () | | | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | | | |
| Mailing Address: Registration Section | | Street Address: Registration Section | | | | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations | | | | | | |
| | | The Centre of Tallahassee | | | | | | |
| | Tallahassee, FL 32314 | 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 Certific | g Fee & \$\Boxed{\Boxes} \$155.00 Filing Fee & \$\Boxed{\Boxes} \$160.00 Filing Fee, Certificate of Status & Certified Copy \$\text{of Status & Certified Copy} \$\text{of Status & Certified Copy}\$ | | | | | | |

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

| (Name of Foreign | Limited Liability Company, must include "Limite | d Liability Co | ompany," "L.I. C.," or "LLC.") | | _ |
|--------------------------------------|--|---------------------|--------------------------------------|-----------------------------------|---|
| If name unavailable, enter alternate | name adopted for the purpose of transacting business in F | lorida. The alte | rnate name must include "Limited Lia | ability Company," "L. L. C," or " | |
| Nevada | | | | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | 3 | (FEI number | er, if applicable) | _ |
| 01/19/2010 | | | | | |
| · | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration) | nhty) | | |
| 3605 S. Town Cente | er Drive, Suite A | 36 | 605 S. Town Center Driv | ve, Suite A | |
| treet Address of Principal Office) | | 6 | (Mailing Address) | | _ |
| Las Vegas, NV 8913 | 35 | Las Vegas, NV 89135 | | | |
| | | - | | | _ |
| | | | | · ··· - | _ |
| Name and street address | ss of Florida registered agent: (P.O. Box | · NOT and | untohlo) | 283 | |
| . Ivame and sireer address | ss of Florida registered agent. (F.O. Bos | . <u>NOT</u> acc | eptable | | |
| ., | Corporation Service Company | | | 128 1483 1483 | |
| Name: | | | | | E |
| Office Address: | 1201 Hays Street | | | | |
| | Tallahassee | | 32301 | | |
| | | | Florida | | |
| | (City) | | (Zip code) | | |

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.

| Corp | oration S | ervice Company | | | | |
|--------------------------------|-----------|-------------------|--|--|--|--|
| Ву: | Alexano | Wildow Sanson Asp | | | | |
| (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: Name: ____BFO Management, LLC □Manager □ Manager Name: _____ Address: _____ □Member □Member Address: 3605 S. Town Center Drive, Suite A □Authorized ☐ Authorized Las Vegas, NV 89135 Person Person □Other Other Manager of Manager □Other_____ □Other____ □Manager Name: □Manager Name: _____ □ Member Address: ☐Member Address: □ Authorized ☐ Authorized Person Person Other___ □Other____ Other___ □Other___ □Manager □Manager Name: 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. 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 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 Dominic Polizzotto, Manager of Manager

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BLIZZARD EQUITIES SPECIAL SELECT**, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/19/2010, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B202306273764843

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/27/2023.

FRANCISCO V. AGUILAR Secretary of State