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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

| \$ | 100.00 | Filing Fee for Application |
|----|--------|----------------------------------|
| \$ | 25.00 | Designation of Registered Agen |
| \$ | 30.00 | Certified Copy (optional) |
| S | 5.00 | Certificate of Status (ontional) |

> Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO:

| то: | Registration Section Division of Corporations | | | | | |
|---------|--|-----------------------------|-----------------|--|--|--|
| SUBJE | Blu Blu Enterprises, LLC | | | | | |
| | | Name of Limi | ted Liability (| Company | | |
| | closed "Application by Foreign Limice, and check are submitted to regis | | | | | |
| Please | return all correspondence concernir | ng this matter to the follo | owing: | | | |
| | Karen Higuera | | | | | |
| | | Name | of Person | | | |
| | | Firm/0 | Company | | | |
| | 10851 NW. 8th St. | | | | | |
| | | Ac | ldress | | | |
| | Pembroke Pines, Florida | a 33026 | | _ | | |
| | | City/State | and Zip Code | . . | | |
| | medspa@aguilaraesthetic | s.org | | | | |
| | E-mail | address: (to be used for | future annua | report notificat | ion) | |
| For fur | ther information concerning this ma | itter, please call: | | | | |
| | Karen Higuera | at | 561 | 558-3818 | | |
| | Name of Contac | t Person | Area Code | Daytime | Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | | orporations ection ng e Center Circle | |
| | Enclosed is a check for the follow Please make check payable to: FI \$125.00 Filing Fee \$ \$125.00 Filing Fee | | \$155.00 | Tallahassee, F TE Filing Fee & ed Copy | \$160.00 Filing F | |

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:

| Blu Blu Enterprises, LI (Name of Foreign | Limited Liability Company; must include "Limite | ed Liabilit | y Company," "L.L.C.," or "LLC.") | | | |
|--|--|-----------------------------|---|------------------------------------|--|--|
| | | | | | | |
| f name unavailable, enter alternate na | ame adopted for the purpose of transacting business in Flo | orida. The al | ternate name must include "Limited Liabil | lity Company," "L.L.C," or "L.L.C. | | |
| Alaska | | | 92-1818802 | | | |
| (Jurisdiction under the law of wh | nich foreign limited liability company is organized) | 3. | (FEI number | r, if applicable) | | |
| 01/17/2023 | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ | registration ine penalty | .) liability) | ···· | | |
| 200 W. 34th Ave. #977 | | 6. | 10851 NW. 8th St. | | | |
| (Street Address of F | runcipal (Affice) | 6. (Mailing Address) | | | | |
| Anchorage | | | Pembroke Place | | | |
| AK, 99503 | | | FL, 33026 | | | |
| Name and street addres | s of Florida registered agent: (P.O. Box | NOT a | acceptable) | 2023 JU | | |
| Name: | Karen Higuera | | | JUL -6 PH | | |
| Office Address: | 10851 NW. 8th St. | | · ······ | PMII: 43 | | |
| | Pembroke Place | | 33026 , Florida | ္ ် — | | |
| | (City) | | (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.

(Refusiered 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: Karen Higuera Name: Gustavo Aguilar Manager Manager 10851 NW. 8th St. 10851 NW. 8th St. Address: Member ■ Member Pembroke Place Pembroke Place Authorized Authorized FL 33026 FL 33026 Person Person Other____ Other Other Other Manager Manager Name: Name: Address: Member Address: Member Authorized Authorized Person Person Other____ Other Other_ Other____ Manager Name: ______ ■ Manager Name: _____ Member ☐ Member Address: 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, 1 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. Karen Higuera

Typed or printed name of signee



Alaska Entity #10220317

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Blu Blu Enterprises, LLC

This entity was formed on January 17, 2023 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective May 12, 2023.

Julie Sande Commissioner