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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | | |
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Office Use Only



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COVER LETTER

4.

| | Blue Island Leisure LLC | | |
|----------|--|---|--|
| SUBJE | | ne of Limited Liability Company | |
| | | | |
| | | Company for Authorization to Transact Business in Florida." referenced foreign limited liability company to transact busing | |
| | return all correspondence concerning this matter | | |
| | Stephanie Morales, Esq. | | |
| | · | Name of Person | |
| | Michaelson Law | | |
| | - | Firm/Company | |
| | 1746 W. Horizon Ridge Parkway | | |
| | | Address | |
| | Henderson, Nevada 89012 | | |
| | | City/State and Zip Code | |
| | stephaniem@michaelsonlaw.com | | |
| | E-mail address: (to b | ne used for future annual report notification) | |
| For furt | her information concerning this matter, please c | all: | |
| | John Baldauf | 702 219-2199 at () | |
| | Name of Contact Person | Area Code Daytime Telephone Number | |
| | Mailing Address: | Street Address: | |
| | Registration Section | Registration Section | |
| | Division of Corporations | Division of Corporations | |
| | P.O. Box 6327 | The Centre of Tallahassee | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| | Enclosed is a check for the following amount: | | |

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:

| 1. Blue Island Leisure I.I. | C Limited Erability Company, must include "Limite | l Linhditu | Company ""L. L. " or "LL | 111 |
|--|--|-----------------------------|------------------------------------|--|
| Blue Island Comfort LLC | | a thability | Company, I.I.C., or III.C | . 1 |
| (If name unavailable, enter alternate n | name adopted for the purpose of transacting business in Fl | orida The t | alternate name must include "Limit | ed Liability Company," "L. L. C," or "LLC" |
| Nevada 2 | hich foreign limited liability company is organized) | 3. | (FEI | |
| (Jurisdiction under the law of w | hich toreign limited hability company is organized) | | (FEI) | number, it applicable) |
| 4. | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ | registration ine penalty |) liability) | |
| 415 Island way unit 50 | 3 3 3 3 7 6 7 | | 501 Trenier Dr | |
| 5. (Street Address of Principal Office) | | 6. | (Mailing Address) | |
| Clearwater Beach, FL | 33767 | | Henderson, NV 89002 | |
| | ··· | - | | |
| | | • | | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT a | cceptable) | |
| | Carla Erpelding | | | |
| Name: | | | | |
| Office Address: | 415 Island Way #504 | | | |
| | Clearwater Beach | | 33767 . Florida | |
| | (Cny) | | . r torida(Zip co | ie) |

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) signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

| itle or Capacity: | Name and Address: | Title or Capacit | <u>v:</u> | Name and Address |
|-------------------|------------------------------|------------------|-----------|------------------|
| Manager | Name: Carla Erpelding | □Manager | Name: | |
| Member | Address: 415 Island Way #504 | □Member | Address: | |
| Authorized | Clearwater Beach, FL 33767 | □Authorized | | |
| Person | | Person | | |
|]Other | Other | □Other | | □Other |
| Manager | John Baldauf Name: | □Manager | Name: | |
| Member | Address: 501 Trenier Dr | □Member | | |
| Authorized | Henderson, NV 89002 | □Authorized | | |
| Person | | Person | | |
|]Other | Other | □Other | | Other |
| Manager | Name: | □Manager | Name: | |
| Member | Address: | □Member | Address: | |
| Authorized | | □Authorized | | |
| Person | | Person | | |
|]Other | Other | □Other | | □Other |

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 ah authorized person

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 Revised Statutes which are either presently in a status of good standing or were in good standing 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. **Blue Island Leisure 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 03/03/2023, and is in good standing in this state.

Certificate Number: B202308033855773

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 08/03/2023.

FRANCISCO V. AGUILAR Secretary of State