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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for ### annual report mailings. Enter only one email address please

Email Address:

Foreign Limited Liability Company Blue Bell Island LLC

Certificate of Status	0
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Page Count	04
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To: 18506176383

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS AN FLORIDA

IN COMPLIANCE WITH SECTION 66.6802, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREKON LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Blue Bell Island LLC	Limited Elabibity Company; most include "Limited	37 33 33 G	Commany 1 C "or "TC"				
Thine of the go	tanned manny company, and meaning tanned	a cansarary	vonpany, villo, a trace				
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in H	orida The .	ilternate name must include "Lunned final	bility Company,""	4.4. C,**	я"LLC"	
Texas		3.	88-4400064				
Units decion ander the law of which roteign limited hability company is organized)			IFEI monne	r, it applicable)			
d.							
	(Date first transacted business in Florida (i) pror to (see sections 60) 1994 & 60) (90). E. S. (i) determi	ne penalty) Bability)				
7901 4th St N STE 300		6	7901 4th St N STE 300				
(Street Address of Protograf Office)		.,,	(Mailing Address)				
St. Petersburg FL 33702			St. Petersburg FL 33702				
		-		<u> </u>	20		
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	eceptable)	ECRETA!	2 023 SEP 29	- 1	
Name:	Registered Agents Inc			ASSE!	뫞		
Office Address.	7901 4th St N STE 300		<u>_</u>	STATE	2: 36	1	
	St. Petersburg		Florida				
	(City)		(Zip ciste)				

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.

Don Dear		
	(Registered agent's signature)	

To. 18506176383

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]:

<u>Title or Capacity:</u>	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: La Bounty, Christine	□ Manager	Name:	
X (Member	Address: 7901 4th St N STE 300	ElMember	Address: _	***************************************
□Authorized	St. Petersburg FL 33702	\square Authorized		
Person		Person		
Other	□Other	①Other		☐ Other
□Munager	Name:	f2Mmager	Nume:	
□Member	Address:	El Member	Address: _	
□Authorized		□ Authorized		
Person		Person		
[]Other		L'Other		□Other
∐Manager	Name:	∟ Manager	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)
- 40. 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 \$.817.155, F.S.

Relative Jewes Robin Jones Typed or printed name of signer

9/29/2023 08 43 15/PDT - /

Corporations Section P.O.Box 13697

Austin, Texas 78711-3697

To 18506176383

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From Registered Agents Inc.

Fax 8134365206

Jane Nelson Secretary of State



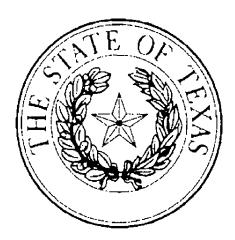
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Blue Bell Island LLC (file number 804835067), a Domestic Limited Liability Company (LLC), was filed in this office on December 08, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 28, 2023.



Jane Halson

Jane Nelson Secretary of State

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