

M23000013426

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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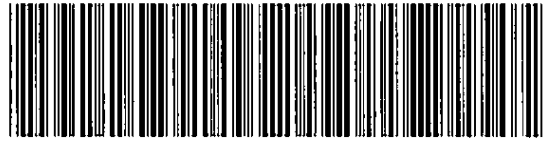
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W23-141277

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APPROVED
AND
FILED

2023 OCT 13 PM 6:44

RECEIVED

2023 OCT 13 AM 11:40

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OCT 18 2023

K. Brumley



RESUBMIT
FLORIDA DEPARTMENT OF STATE
Division of Corporations
Please give original
submission date as file date.

October 13, 2023

CSC

SUBJECT: BLUE CIRCLE LAB, LLC
Ref. Number: W23000141277

We have received your document for BLUE CIRCLE LAB, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 923A00023833

RECEIVED
2023 OCT 18 AM 11:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 985560 7765982

AUTHORIZATION :

COST LIMIT : \$ 1500.00

ORDER DATE : September 13, 2023

ORDER TIME : 7:44 AM

ORDER NO. : 985560-015

CUSTOMER NO: 7765982

FOREIGN FILINGS

NAME: BLUE CIRCLE LAB, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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:

1. Blue Circle Lab LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. Delaware, USA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. September 10, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Blue Circle Lab LLC
(Street Address of Principal Office)

6. Blue Circle Lab LLC
(Mailing Address)

17205 SE Mill Plain Blvd

4530 S. Orange Blossom Trail, #596,

Vancouver, WA 98683

Orlando, FL 32839

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
2023 OCT 13 PM 6:44
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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.

Corporation Service Company
By: Alexis Weiland-Sanson, ACP
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: The StarPraise Group LLC	<input type="checkbox"/> Manager	Name: John Josephson (Chairman)
<input checked="" type="checkbox"/> Member	Address: 35 Music Square East	<input type="checkbox"/> Member	Address: 250 West 57 Street, Suite 2400
<input type="checkbox"/> Authorized	Nashville, TN 37203	<input checked="" type="checkbox"/> Authorized	New York, NY 10107
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Malcolm Hawker (CEO)	<input type="checkbox"/> Manager	Name: Gary Christensen (President)
<input type="checkbox"/> Member	Address: 250 West 57 Street	<input type="checkbox"/> Member	Address: 17205 SE Mill Plain Blvd
<input checked="" type="checkbox"/> Authorized	Suite 2400	<input checked="" type="checkbox"/> Authorized	Vancouver, WA 98683
Person	New York, NY 10107	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Christos Badavas (Secretary & Treasurer)	<input type="checkbox"/> Manager	Name: Michael Deighan (CFO)
<input type="checkbox"/> Member	Address: 250 West 57 Street	<input type="checkbox"/> Member	Address: 250 West 57 Street
<input checked="" type="checkbox"/> Authorized	Suite 2400	<input checked="" type="checkbox"/> Authorized	Suite 2400
Person	New York, NY 10107	Person	New York, NY 10107
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.


Signature of an authorized person

Christos P. Badavas

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE CIRCLE LAB LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE CIRCLE LAB LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6884559 8300

SR# 20233485230

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204156615

Date: 09-13-23