# M23000014057

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	me)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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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 Agent
S	30.00	Certified Copy (optional)
\$	5.00	Certificate of Status (optional)

### > 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 <a href="https://www.sunbiz.org">www.sunbiz.org</a>. 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:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

TO:

## **COVER LETTER**

	Nam	e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor		
ease return al	l correspondence concerning this matter to	o the following:		
	Matthew DePasquale			
		Name of Person		
	Bleakley Bavol Denman & G	race, Attorneys at Law		
		Firm/Company		
	15316 N. Florida Ave.			
		Address		
	Tampa, FL 33613			
	DDepasquale@bbdglaw.com	ity/State and Zip Code		
	Doepasqua reebbag raw. com			
	E-mail address: (to be	e used for future annual report notification)		
or further info	ormation concerning this matter, please ca	II:		
Matt	hew DePasquale	813 221-3759		
	Name of Contact Person	at ()		
Majlir	ng Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee		
Tana	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RIJUECTOM STAFFING LLC

(Name of Foreign	Lamited Liability Company; must include "Limited	I Liability Comp	any," "L.L.C.," or "LLC.")			
f name unavailable, enter alternate Georgia	name adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited Liabil	ity Company."	"L.lC," or	LLC.
· · · · · · · · · · · · · · · · · · ·	which foreign limited liability company is organized)	3	(Fld number,		<u></u>	_
(Jurisdiction under the law of w	shich foreign limited liability company is organized)		(Fld number,	it applicable)		
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	<del></del>			
76 4th St. Nort	:h		th St. North			
reet Address of Principal (199ce)	· · · · · · · · · · · · · · · · · · ·	6	Mailing Address)			_
#1631		#163	•			
St. Petersburg,	FL 33731	St.	Petersburg, FL 3	3731		_
	<u></u>					_
N. 1		. r.om				
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accept:	able)	•	2023 OCT	
	ROBERT W. BLEAKLEY, P.A.				300	
Name:					<u> </u>	
	15316 N. Florida Avenue		-		27	:
Office Address:			_		PH	
	ТАМРА		33613	-	بي	•
			Florida	•	ယ	

## 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.

	Matthew	DeP	asquale	Copitally septical by Mainhaw (Indicasque)  (In Linchsteiner Defresques exidences les leurs Denman III (auce lou- mane—débengales establiques (esti les leurs Linchsteines)  Outre 2621 10 (2.15 of In. 44.00)	
(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: Lucas Iocco	Title or Capacity:	Name and Address: Kelly McGuire
⊠Manager	Name:	⊠Manager	Name:
□Member	76 4th St. N. Address:	□Member	117 Stargaze Rdg Address: Canton, GA 30114
□Authorized	St. Petersburg, FL 33707	□Authorized	- GAT JULI4
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	<del></del>
□Other	Other	□Other	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.

LIVAS LOUD		
	Signature of an authorized person	,
	Lucas Locco	
	Typed or printed name of clarge	

Control Number : 17101298

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# BlueCloud Staffing LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26131149
Date Inc/Auth/Filed: 09/18/2017
Jurisdiction : Georgia
Print Date : 10/09/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State