Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Number : 072720000036 Phone : (407)843-4600 fax Number : (786)901-8020

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Foreign Limited Liability Company **BLUEMONT LEAF, LLC**

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Help

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:

			elternate name must include "Limited Liebility C 88-2364935	
urladiation under the law of w	hen foreign limited tradiffy company (I enganteed)	3,	(FEI number, it app	Nisabia)
	(Date first iransacted business in Florida, if jator id (Sac scotions 605,0904 & 601,0905, P.S. to general	nine ponelly	lability)	
O TIEL WAY			60 TIEL WAY	
(ddmis of Principal Office)		0,	(Mailing Address)	
OUSTON, TEXAS 7	7019		HOUSTON, TEXAS 77019	
Name:	Angela L. Houck			A SEE H
	3208 B. Colonial Dr #344			30 30
Office Address:				
Office Address:	Orlando		32803 , Florida	

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]: Name and Address: Title or Capacity: Name and Address: Title or Canacity: Name: RICHARD BERGMARK Manager ■ Manager Name: Address: 60 TIEL WAY Address: ☐ Member **■**Membar HOUSTON, TX 77019 ☐ Authorized ☐ Authorized Person Person ①Other_____ □ Other_____ □ Other_____ Other___ Name: Name: □Manager □ Manager Address: □ Member Address: _____ □Member ☐ Authorized □ Authorized Person Person Other____ □ Other_____ Other □Other___ Name: _____ □Manager Name: □ Manager Address: Address: □ Member ☐ Meinber ☐ 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. 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. Richard Bergmank
Signature of an authorized person RICHARD BERGMARK

Typed or printed name of signos

Page 1

Delaware Lowndes The First State

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELANARE, DO HEREBY CERTIFY "BLUEMONT LEAF, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUEMONT LEAF, LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2022.

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

Johns W. Golden, Secretary or State

6591223 8300

Authentication: 204826605