

M 24 000000274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

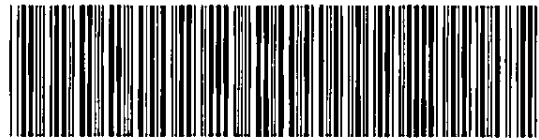
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2024 JAN 10 AM 11:59

RECEIVED
2024 JAN 10 AM 11:59
DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 01/10/2024

Name: Patrice Rush

Reference #: 2234052

Entity Name: BLUE LLAMA CONSTRUCTION SERVICES, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other Please provide certified copy upon filing

Authorized Amount: \$155.00

Signature: 

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 LLAMA CONSTRUCTION SERVICES, 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. Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 892 PLAIN ST STE 1
(Street Address of Principal Office)

6. 892 PLAIN ST STE 1
(Mailing Address)

MARSHFIELD, MA 02050

MARSHFIELD, MA 02050

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

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.

/s/ Ashley Cepin, Ashley Cepin, Asst. Secretary

(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:**
☒ Manager Name: JEREMY NICHOLS
☐ Member Address: 892 PLAIN STREET STE 1
☐ Authorized MARSHFIELD, MA 02050
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☒ Manager Name: DOMINIC SIMONETTI
☐ Member Address: 892 PLAIN STREET STE 1
☐ Authorized MARSHFIELD, MA 02050
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: JUSTIN PERREAULT
☐ Member Address: 892 PLAIN STREET STE 1
☐ Authorized MARSHFIELD, MA 02050
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: EDWARD WOZNIAK
☐ Member Address: 892 PLAIN STREET STE 1
☐ Authorized MARSHFIELD, MA 02050
Person _____
☐ Other _____ ☐ Other _____

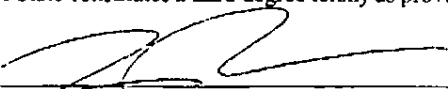
☒ Manager Name: JAMES SULLIVAN
☐ Member Address: 892 PLAIN STREET STE 1
☐ Authorized MARSHFIELD, MA 02050
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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.



Signature of an authorized person
Justin Perreault

Typed or printed name of signer

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE LLAMA CONSTRUCTION SERVICES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JUSTIN PERREAULT

Name of Person

Firm/Company

892 PLAIN STREET STE 1

Address

MARSHFIELD, MA 02050

City/State and Zip Code

jperreault@blueellamacs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Perreault

Name of Contact Person

at (781)

Area Code

724-8296

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

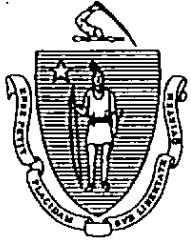
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 9, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

BLUE LLAMA CONSTRUCTION SERVICES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 1, 2023**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JEREMY NICHOLS, JUSTIN PERREAULT, JAMES SULLIVAN, DOMINIC SIMONETTI, EDWARD WOZNIAK**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JEREMY NICHOLS, JUSTIN PERREAULT, JAMES SULLIVAN, DOMINIC SIMONETTI, EDWARD WOZNIAK**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth