

M24000004673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

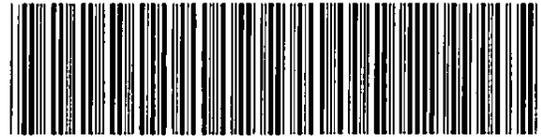
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 MAR -9 PM 3:11

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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 Ocean Media House LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Blue Ocean Media 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. Boise Idaho (Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-3609470 (FEI number, if applicable)

4. September 5, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4957 W. Shalecrest Ct (Street Address of Principal Office)
Boise, ID 83703
6. 4957 W. Shalecrest Ct (Mailing Address)
Boise, ID 83703

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

Name: Casey Mommer
Office Address: 715 S Lakeside Terrace
Eagle Lake, Florida 33839
(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.

Casey Mommer
(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 checked="" type="checkbox"/> Manager	Name: Casey Mommer	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 715 S. Lakeside Terrace	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Eagle Lake, FL 33839	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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.

*Casey Mommer*

\_\_\_\_\_  
Signature of an authorized person

Casey Mommer

\_\_\_\_\_  
Typed or printed name of signer



# STATE OF IDAHO

Phil McGrane | Secretary of State

**Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83720

April 9, 2024

**Request Type: Certificate of Existence/Filing**

Issuance Date: 04/09/2024

Request #: 0005685406

Copies Requested: 0

Receipt #: 000967953

**Regarding: BLUE OCEAN MEDIA HOUSE LLC**

Filing Type: Limited Liability Company (D)

File #: 612076

Formation/Qualification Date: 06/04/2018

Status: Active-Existing

Formation Locale: IDAHO

Duration Term: Perpetual

Inactive Date:

## Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### BLUE OCEAN MEDIA HOUSE LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 028293233