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	(Requestor's Name)
··	(Address)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/02/2024	
Name:	Patrice Rush	
Reference #:	2431079	
Entity Name:	BETTY BL	UE BAL HARBOUR LLC
✓ Articles	s of Incorporation/Authoriz	ation to Transact Business
Ameno	iment	
☐ Chang	e of Agent	
Reinst	atement	
Conve	rsion	
☐ Merge	r	
Dissolu	ution/Withdrawal	
☐ Fictitio	us Name	
✓ Other	PLEAS	E PROVIDE CERTIIFED COPY
Authorized Ar		
Authorizeu Ar		
Signature:	(Palle	

F: 800.944.6607



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

Date:	07/02/2024	
Name:	Patrice Rush	
	2431079	
		E BAL HARBOUR LLC
✓ Articles	s of Incorporation/Authorizati	on to Transact Business
Amend	dment	
Chang	e of Agent	
☐ Reinst	atement	
☐ Conve	rsion	
☐ Merge	r	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
✓ Other_	PLEASE	PROVIDE CERTIIFED COPY
Authorized Ar	mount: \$155.00	

F: +852.2682.9790

COVER LETTER

TO:

Registration Section

	Betty Blue Bal Harbour LLC	
SUBJECT:		Name of Limited Liability Company
		d Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning t	his matter to the following:
	Carlo Giovannetti	
		Name of Person
	Reinhardt Savic Foley LLP	
		Firm/Company
	200 Liberty Street, 27th Flo	oor
		Address
	New York, NY 10281	
		City/State and Zip Code
	entities@cglaw.us	
		fress: (to be used for future annual report notification)
For further i	nformation concerning this matte	r, please call:
Car	rlo Giovannetti	at () 2397225 erson Area Code Daytime Telephone Number
	Name of Contact Po	erson Area Code Daytime Telephone Number
Re Div P.C	riling Address: gistration Section vision of Corporations O. Box 6327 Hahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ple	\$125.00 Filing Fee	g amount: RIDA DEPARTMENT OF STATE 10 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	limited Ltability Company, must include "Limited	·			
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	lorida The	alternate name must include "Limited Liability Compa	my," "L.L.C," or "LLC")	
Delaware		3.			
(Jurisdiction under the law of which foreign limited hability company is organized)			(FEI number, if applicab	(FEI number, if applicable)	
ł					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905 F.S. to determ	registration me penalty	liability)		
850 New Burton Rd, St	uite 201		200 Liberty Street, 27th Floor		
5. (Street Address of Principal Office)		6.	(Mailing Address)		
Dover, DE 19904			New York, NY 10281		
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box Cogency Global Inc.	NOT (acceptable)	2024 JUL -3	
Name:				===	
Office Address:	115 North Calhoun Street. Suite 4			<u>ល</u>	
	Tallahassee (Leon County)		32301 , Florida	<u>0</u>	
	(Cuy)		(Zip code)		
		process	for the above stated limited liability c		
designated in this applicate comply with the provisi	gistered agent and to accept service of parties. I hereby accept the appointment a constant ons of all statutes relative to the proper to fix position as registered agent.	s registe			

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:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: Betty Blue USA Corp	□Manager	Name:	
■Member	Address:	□Member	Address:	
□Authorized	Dover, DE 19904	□Authorized		
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		
□Other	Other	□Other		□Other

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.

Typed or printed name of signee

Carlo Giovannetti

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BETTY BLUE BAL HARBOUR 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 THIRD DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETTY BLUE BAL HARBOUR LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2024.

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

Authentication: 203858031

Date: 07-03-24

4114964 8300 SR# 20243061162