

M24000008859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

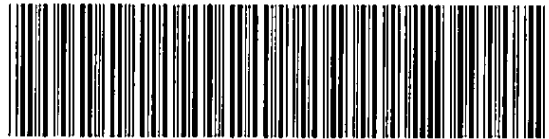
(Document Number)

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

Special Instructions to Filing Officer:

W24000084059

Office Use Only



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05/02/24--01049--011 \*\*155.00

2024 JUN 24 PM 4:47



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2024

SHERMAN BUFORD  
9164 EASTCHASE PARKWAY STE 143  
MONTGOMERY, AL 36117 US

SUBJECT: BLUE TRAINING ACADEMY LLC  
Ref. Number: W24000084059

We have received your document for BLUE TRAINING ACADEMY LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 424A00012113

RECEIVED

JUN 24 2024

P.S.

*Also #5 needs to be filled in. You must  
have a street address.*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blue Training Academy 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:

Sherman Buford

\_\_\_\_\_  
Name of Person

Blue Training Academy LLC

\_\_\_\_\_  
Firm/Company

9164 Eastchase Parkway Ste 143

\_\_\_\_\_  
Address

Montgomery, AL 36117

\_\_\_\_\_  
City/State and Zip Code

CFO@Bufordsecurity.com

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

For further information concerning this matter, please call:

Mollie Hamilton

205

963-3917

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

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

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 TRAINING ACADEMY 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. AL  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0628400  
(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. 15673 SOUTHERN BLVD STE 107-160  
(Street Address of Principal Office)

6. 9164 EASTCHASE PKWY STE 143  
(Mailing Address)

LOXAHATCHEE GROVES, FL 33470

MONTGOMERY, AL 36117

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

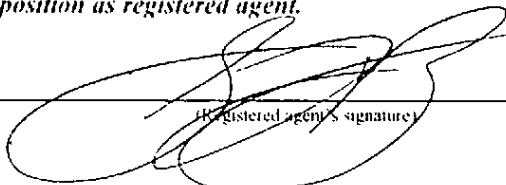
Name: SHERMAN BUFORD

Office Address: 15673 SOUTHERN BLVD STE 107-160

LOXAHATCHEE GROVES, Florida 33470  
(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.

  
(Registered agent's signature)

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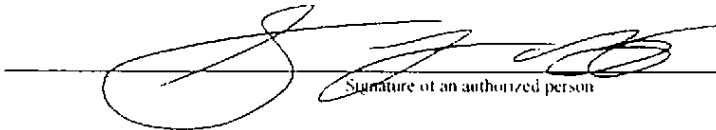
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: SHERMAN BUFORD	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9164 EASTCHASE PKWY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	STE 143	<input type="checkbox"/> Authorized	_____
Person	MONTGOMERY, AL 36117	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: MOLLIE HAMILTON	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9164 EASTCHASE PKWY	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	STE 143	<input type="checkbox"/> Authorized	_____
Person	MONTGOMERY, AL 36117	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.

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

Wes Allen  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Blue Training Academy LLC  
was formed in Alabama on October 8, 2022. The Alabama Entity Identification  
number for this entity is 001-043-702. I further certify that the records do not  
disclose that said entity has been dissolved, cancelled or terminated.



20240523000017940

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

05/23/2024

Date

A handwritten signature in black ink, appearing to read "Wes Allen", is written over a horizontal line.

Wes Allen

Secretary of State