

7/30/24, 4:08 PM

Division of Corporations

2nd Submission -

H2400010137 Rejection

M240001013766

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000257083 3)))



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To:

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Account Name : ADVOCATE CONSULTING LEGAL GROUP PLLC
Account Number : I20090000001
Phone : (239)213-0066
Fax Number : (239)213-0698

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: erinm@advocatetax.com

Foreign Limited Liability Company
Blue Sky Harbour, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

AUG 22 2024
T L E T T E R

(((H24000257083 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Sky Harbour, 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:

Erin Meyer

Name of Person

Advocate Consulting Legal Group, PLLC

Firm/Company

3555 Kratt Road, STE 240

Address

Naples, FL 34105

City, State and Zip Code

erinn@advocatetax.com

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

For further information concerning this matter, please call:

Erin Meyer

239

213-0066

Name of Contact Person

at (_____) _____
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**

☒ \$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

(((H24000257083.3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. Blue Sky Harbour, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If none, inapplicable; 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. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (VFL number, if applicable)

4. (Date first transacted business in Florida, if prior to registration
(See sections 602.0001 & 602.0003, F.S., to determine penalty liability.)5. 53 Fort Royal Isle
(Street Address of Principal Office)53 Fort Royal Isle
(Mailing Address)

Fort Lauderdale, FL 33308

Fort Lauderdale, FL 33308

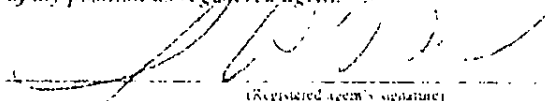
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Doner

Office Address: 53 Fort Royal Isle

Fort Lauderdale, Florida 33308
(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)FILED
2021 AUG 21 AM 8:25
STATE

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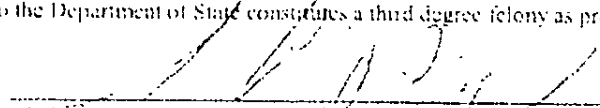
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage (up to six (6) total)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: Michael Doner	☐ Manager	Name: _____
☐ Member	Address: 53 Fort Royal Isle	☐ Member	Address: _____
☐ Authorized	Fort Lauderdale, FL 33308	☐ 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: _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ 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. 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

Michael Doner

 Typed or printed name of signer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Blue Sky Harbour, LLC
Request Type: Subsistence Certificate **Issuance Date:** July 23, 2024
Request No.: 039816127 **File No.:** 0013905998
Receipt No.: 001145670
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: July 18, 2024
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Blue Sky Harbour, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov