118400011364

(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:

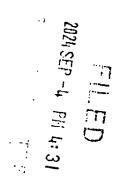




200434626782

08/20/24--01020--023 **:80.00

RECEIVED AUG 19 2024



SEP - 4 2024

COVER LETTER

TO:

Registration Section

SUBJECT:	BlueSix Protection and Investigations LLC					
Name of Limited Liability Company						
he enclosed	l "Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida." Certificate of				
Please return	all correspondence concerning this matter to	o the following:				
	Heriberto Colon-Rivera					
		Name of Person				
	BlueSix Protection and Investigations	LLC				
		Firm/Company				
	1201 Pacific Avenue					
		Address				
	Tacoma, WA 98402					
	C	ity/State and Zip Code				
		•				
For further in	Name of Person BlueSix Protection and Investigations LLC Firm/Company 1201 Pacific Avenue Address Tacoma, WA 98402 City/State and Zip Code E-mail address: (to be used for future annual report notification) ter information concerning this matter, please call: Henberto Colon-Rivera Name of Contact Person Mailing Address: Registration Section Division of Corporations Name of Corporations					
He	riberto Colon-Rivera					
	Name of Contact Person	Area Code Daytime Telephone Number				
•		•				
P.O. Box 6327		The Centre of Tallahassee				
I al	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$155,00 Filing Fee & 🖂 \$160,00 Filing Fee, Certificate				



August 22, 2024

HERIBERTO COLON-RIVERA 1201 PACIFIC AVE TACOMA, WA 98402

SUBJECT: BLUESIX PROTECTION AND INVESTIGATIONS LLC

Ref. Number: W24000119281

We have received your document for BLUESIX PROTECTION AND INVESTIGATIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 924A00018876

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

IN COMPILANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ITABILITY OF REASY TO TRANSPORTER NATION STATE OF FLORIDA:

nne unavailable, enter alternate r	name adopted for the purpose of transacting business in Florida	The alternate name must include "Limited Liab	ulity Company," "L.L.C." or "LLC		
Vashington State		92-3281020			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)			
No transacted business	s has been made.				
	(Date first transacted business in Florida, if prior to regist (See sections 605,0904 & 605,0905, F.S. to determine pe	tration) malty liability)			
1201 Pacific Avenue		9722 201st ST E			
et Address of Principal Office)		6. (Mailing Address)			
Tacoma, WA 98402		Graham, WA 98338			
Name and street addres	ss of Florida registered agent: (P.O. Box No.	OT acceptable)			
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box No.	OT acceptable)	202		
Name and <u>street addres</u> Name:		OT acceptable)	2024 SEP		
	Rocket Lawyer Corporate Services LLC	32301	2024 SEP -4 PII		
Name:	Rocket Lawyer Corporate Services LLC 155 Office Plaza Drive 1st Floor		-		

(Registered agent's signature)

A the same and

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

Fitle or Capacity:	Name and Address:	Title or Capacit	<u>tv:</u>	Name and Address
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
☐Authorized	FL6	☐ Authorized		
Person	Tacoma, WA 98402	Person		
Owner/CE	O 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

- 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

Heriberto Colon-Rivera

Typed or printed name of signee



Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BLUESIX PROTECTION AND INVESTIGATIONS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/31/2023.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/30/2024 UBI Number: 605 169 850

STATIF ON PSHINO

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

ten R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued | 07/30/2024