2024-10-14 12:17:38 CST

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From: David Thomas

Division of Corporations



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Help

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

IN COMPLIANCE WITH SECTION 655002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Dability Company, must include "Limited Tability Company," "U.L.C.," or "LLC.").

1. Blue Origin Personnel, LLC

Washington		3.	47-4891744	umber, if applicable	
(Jurisdiction under the law of w)	sich foreign limited liability company is organized)	•	(FF.) n	umber, if applicable)	
10/11/2024					
	(Date first time-acted business in Florida, if prior to r (See sections 605/0904 & 605/0905, F/S) to determin	egistration a le penalty li:	dubty)	<u>.</u>	
21218 76th Ave, 8			1218 76th Ave. S		
et Address of Principal Office)		~	(Mailing Addres-)	· -	
Kent, WA 98032		ŀ	Cent, WA 98032		
<u></u>		_			
Name and street addres	of Florida registered agent: (P.O. Box	– <u>NOT</u> ac	ceptable)	<u>ی</u>	72
Name:	CT Corporation System			•	7024 OCT
Office Address:	1200 South Pine Island Road			, ;	н, РН
	Plantation		33324 , Florida	l - r r =	يد بد 2
	(Cuy)		(Zip code	e);	<u>.</u>

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.

Stephane Honcy (Registered agends 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:	🗖 Manager	Allen Parker Name:
⊡Member	Address:	□Member	Address:
Authorized	Kent, WA 98032	Authorized	Kent, WA 98032
Person		Person	
□Other	Other	□Other	Other
■Manager	Paul Weber Name:	□Manager	Nicole Walters
Member	Address: 21218 76th Ave. S	□Member	Address:
□Authorized	Kent, WA 98032	Authorized	Kent, WA 98032
Person		Person	
□Other	Other	D0ther	Other
⊡Manager	Blue Origin Enterprises, L.P.	■ Manager	Blue, Inc. Name:
Member	Address:	⊡Member	Address:
□Authorized	Kent, WA 98032	Authorized	Kent, WA 98032
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. Nonindexed 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, 1 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.

DocuSigned by: Mede Walters COAT82C3E978487

Signature of an authorized person

Nicole Walters

lyped or printed name of signee



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From: David Thomas



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

CERTIFICATE OF EXISTENCE

OF

BLUE ORIGIN PERSONNEL, 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 06/16/2000.

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: 10/11/2024 UBI Number: 602 046 046



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

in R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 10/11/2024

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