Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

င်**O'Email Address**:

## **Foreign Limited Liability Company** Blue Link Global Entreprises LLC

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 4050502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Blue Link Global Entre					
(Name of Foreign	Limited Liability Company; must include "Limited	I Cability C	ompany," "L.L.C.," or "LLC")		
	name adopted for the purpose of transacting business in Flo	orsia. Inc alt	emate name must include "Empired Embility Comp	ons, L.I.C. or "LLC	
Delaware	Delaware		3. 36-5116615		
(hardedren under the law of which foreign limited hability company is organized)		_	if El number, if applicable)		
4					
-	(Date first transacted business in Florida, if prior to ) (See sections 602-9904 & 602-9905, F.S. to determi	registration ) no penalty ha	bility)		
7901 4th St N		6. T	901 4th St N		
(Street Address of Principal Office)		··· -	(Mading Address)		
STE 300		S	TE 300		
St. Petersburg, FL 33702		S	i. Petersburg. FL 33702		
7. Name and <u>street addre</u> ;	as of Florida registered agent: (P.O. Box	NOT ac	ceptable)	2014 DEC	
Name:	Registered Agents Inc			C 24	
Office Address.	7901 4th St N STE 300		<del></del> -	=	
	St. Petersburg		. Florida <sup>33702</sup>	01 r: r	
	(Cuy)		(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.



12/24/2024 06:50:12 PST

Fax: 8134365206

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	Name:
X-Member	Address: 7901 4th St N STE 300	X Member	7901 4th St N STE 300 Address:
□Authorized	St. Petersburg FL 33702	□Authorized	St. Petersburg FL 33702
Person		Person	
□Other	Other	□ Other	⊡Other
□Manager	Name:	□Manager	Name:
□Membei	Address:	[] Member	Address:
□Authorized		□ Authorized	
Person		Person	
□Other	□Other	[[Other	□Other
L!Manager	Name:	∟ Manager	Name:
⊡Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
[]Other	□Othet	□Other	[]Other

Important Nouce: 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 filling your Florida Department of State Annual Report form.

- 9. Attuched 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.

10 1-	rest.			
Ri-Marc	V-4A / 47			
	Signature of an authorized person			
Robin Jones				
Typed or printed name of signee				

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "BLUE LINK GLOBAL ENTREPRISES 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE LINK GLOBAL ENTREPRISES LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

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

at som delaware sow/out

Authentication: 205161190

Date: 12-17-24