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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

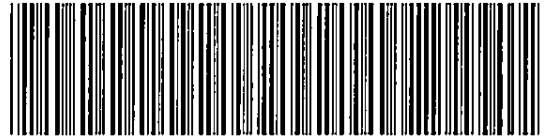
(Business Entity Name)

(Document Number)

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

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**TRANSMITTAL MEMORANDUM**

DATE: November 13, 2024

FROM: Kenneth W. Nickel  
Tel: 888-697-1777

TO: Secretary of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314  
Tel: 850-245-6051

RE: Blue Sky Title Group LLC  
Application for Authorization to Transact Business in Florida

Please find the enclosed following documents:

1. Application by Foreign Limited Liability Company to Transact Business in Florida;
2. Virginia Certificate of Fact;
3. Check in the amount of \$125.00, payable to the Florida Department of State.

Upon completion of the filing, please forward a confirmed copy to my email at [sos@compliancefreedom.com](mailto:sos@compliancefreedom.com). If for any reason the filed document cannot be sent by email, please forward it to my office address, which is as follows:

Kenneth W. Nickel  
Compliance Freedom Network LLC  
P.O. Box 709  
Saint Croix Falls, WI 54024

If there are any questions, please direct them to Kenneth Nickel at the number set forth above. You may also reach me on my cell phone (831-737-8663) or via e-mail ([sos@compliancefreedom.com](mailto:sos@compliancefreedom.com)). Thank you for your attention to this application.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blue Sky Title Group 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:

Kenneth Nickel

Name of Person

Compliance Freedom Network LLC

Firm/Company

P.O. Box 709

Address

Saint Croix Falls, WI 54024

City/State and Zip Code

[sos@compliancefreedom.com](mailto:sos@compliancefreedom.com)

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

For further information concerning this matter, please call:

Kenneth Nickel

§§§

697-1777

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**

- ☒ \$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

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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_ (FBI number, if applicable)

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Suite 200

Virginia Beach, VA 23452

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

Death Sea  
(Registered agent)

Heather Glenn on behalf of InCorp Services, Inc.

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:

☐ Manager      Name: Mike Steier

☐ Member      Address: 641 Lynnhaven Parkway

☐ Authorized      Suite 200

Virginia Beach, VA 23452

                    Person

☒ Other President                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

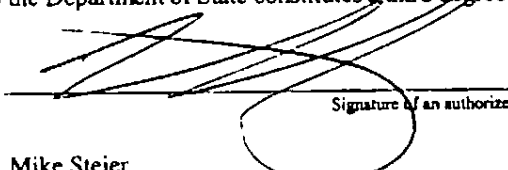
                    Person

☐ 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

Mike Steier  
\_\_\_\_\_  
Typed or printed name of signer

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

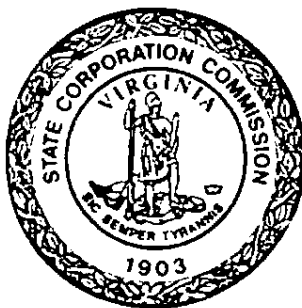
I Certify the Following from the Records of the Commission:

That Blue Sky Title Group LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on September 10, 2021; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 25, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

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Bernard J. Logan, Clerk of the Commission