

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

nwalters@blueorigin.com

Email Address: _____

RECEIVED
2025 JAN -9 PM 2:49
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
Blue Origin Manufacturing, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2025 JAN -9 PM 2:49

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

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:

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

(If name unavailable, 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. AL 82-1874980
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 1100 Explorer Blvd. NW
(Street Address of Principal Office)
Huntsville, Alabama 35806
6. 1100 Explorer Blvd. NW
(Mailing Address)
Huntsville, Alabama 35806

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

86:417 6-1177 6707

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.

By: C T Corporation System
Eric Carlson, Asst. Secretary
(Registered agent's 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>David Limp</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Allen Parker</u>
<input type="checkbox"/> Member	Address: <u>1100 Explorer Blvd. NW</u>	<input type="checkbox"/> Member	Address: <u>1100 Explorer Blvd. NW</u>
<input type="checkbox"/> Authorized	<u>Huntsville AL 35806</u>	<input type="checkbox"/> Authorized	<u>Huntsville AL 35806</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Paul Weber</u>	<input type="checkbox"/> Manager	Name: <u>Jordan Snow</u>
<input type="checkbox"/> Member	Address: <u>1100 Explorer Blvd. NW</u>	<input type="checkbox"/> Member	Address: <u>1100 Explorer Blvd. NW</u>
<input type="checkbox"/> Authorized	<u>Huntsville AL 35806</u>	<input checked="" type="checkbox"/> Authorized	<u>Huntsville AL 35806</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Nicole Walters</u>	<input type="checkbox"/> Manager	Name: <u>Mike Laidley</u>
<input type="checkbox"/> Member	Address: <u>1100 Explorer Blvd. NW</u>	<input type="checkbox"/> Member	Address: <u>8082 Space Commerce Way</u>
<input checked="" type="checkbox"/> Authorized	<u>Huntsville AL 35806</u>	<input checked="" type="checkbox"/> Authorized	<u>Merritt Island, Florida 32953</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

Signed by:
Nicole Walters
Signature of an authorized person
Nicole Walters
Typed or printed name of signer

Docusign Envelope ID: 7AE17DB6-032D-4647-A601-CF9038B1ADCE

If an existing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Andy Morris	21218 76th Ave S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	April Smith	21218 76th Ave S.	<input checked="" type="checkbox"/> Add
		Kent, WA 98032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shannon Gordon	8082 Space Commerce Way, Merritt Island	<input checked="" type="checkbox"/> Add
		Florida 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian Winters	8082 Space Commerce Way	<input checked="" type="checkbox"/> Add
		Merritt Island, Florida 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cammi Bennett	8082 Space Commerce Way	<input checked="" type="checkbox"/> Add
		Merritt Island, Florida 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cory Collins	8082 Space Commerce Way	<input checked="" type="checkbox"/> Add
		Merritt Island, Florida 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Blue Origin Manufacturing,
LLC was formed in Madison County on June 8, 2017. The Alabama Entity
Identification number for this entity is 000-393-988. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20250106000031186

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

01/06/2025

Date



Wes Allen

Secretary of State