

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.****

Email Address: nwalters@blueorigin.com

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	1
Page Count	05
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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 Washington, 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. WA 61-1770771
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 21218 76th Ave S.
(Street Address of Principal Office)
Kent, WA 98032

6. 21218 76th Ave S.
(Mailing Address)
Kent, WA 98032

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)

4000 JAN-9 11 5:38
6-1007 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
(Registered agent's signature) Eric Carlson, Asst. Secretary

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	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<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 type="checkbox"/> Authorized	<u>Huntsville AL 35806</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<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	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Signed by:
Nicole Walters
05A1B2C3E97B4B7 Signature of an authorized person

Nicole Walters

Typed or printed name of signer

Docusign Envelope ID: 7AE17D86-032D-4647-A601-CF9830B1ADCE

If remaining 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

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, 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 WASHINGTON, 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 09/08/2000.

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: 01/07/2025
UBI Number: 602 064 321



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

Steve R. Hobbs, Secretary of State

Date Issued: 01/07/2025