

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: RACHEL.LYBOLT@BLUEHALO.COM

Foreign Limited Liability Company
BLUEHALO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 14 2025

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

BlueHalo of Delaware 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. Delaware 3. 63-0985776
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4601 Fairfax Drive, Suite 900 6. 4601 Fairfax Drive, Suite 900
(Street Address of Principal Office) (Mailing Address)
Arlington, VA 22203 Arlington, VA 22203

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 33324
(City) , Florida (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.

By: C T Corporation System Denise Bell
Denise Bell, Asst. Secretary
(Registered agent's signature)

FILED
2025 JAN 14 PM 5:27
ALLIANCE OF PROFESSIONALS

FILED

2025 JAN 14 PM 5:27

CLERK OF DISTRICT COURT
JULIA HASSLE, FLORIDA

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: James Villa
4601 FAIRFAX DR STE 900

☐ Member Address: _____
ARLINGTON, VA 22203

☒ Authorized _____
Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: David Wodlinger
4601 FAIRFAX DR STE 900

☐ Member Address: _____
ARLINGTON, VA 22203

☐ Authorized _____
Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jonathan Moneymaker
4601 FAIRFAX DR STE 900

☐ Member Address: _____
ARLINGTON, VA 22203

☐ Authorized _____
Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Michael Lustbader
4601 FAIRFAX DR STE 900

☐ Member Address: _____
ARLINGTON, VA 22203

☐ Authorized _____
Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Steven Hill
4601 FAIRFAX DR STE 900

☐ Member Address: _____
ARLINGTON, VA 22203

☐ Authorized _____
Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Henry Albers
4601 FAIRFAX DR STE 900

☐ Member Address: _____
ARLINGTON, VA 22203

☐ 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.

James D. Villa

Signature of an authorized person

JAMES D. VILLA, AUTHORIZED PERSON

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BLUEHALO, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2024.

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

FILED
2025 JAN 14 PM 5:27
DELAWARE SECRETARY OF STATE



7160021 8300

SR# 20243962846

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 204644584

Date: 10-16-24