Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000164315 3)))



H250001643153ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WEEXY SOLUTIONS LLC

Account Number : I20240000023 : (407)818-3682 Phone Fax Number : (409)204-6621

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

Foreign Limited Liability Company BLISSFUL STAYS LLC

Certificate of Status	0
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MAY 2 2 2025



To: +18506176383



May 15, 2025

May 21, 2025 (5:44 (UTC-04)

850-617-6381

FLORIDA DEPARTMENT OF STATE Division of Corporations

WEEXY SOLUTIONS LLC

SUBJECT: BLISSFUL STAYS LLC

REF: W25000062813

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H25000164315 Letter Number: 025A00010573

COVERLETTER

	BLISSFUL STAYS LLC	61.5 5.115.195.09
	Nam	e of Limited Liability Company
he enclosed Existence, and	"Application by Foreign Limited Liability I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.
lease return a	all correspondence concerning this matter t	o the following:
	JESSICA DIRINGER	
	 _	Name of Person
	WEEXY SOLUTIONS LLC	
	-	Firm/Company
	1878 THETFORD CIR	
		Address
	ORLANDO, FL 32824	
	C	ity/State and Zip Code
	into@weexyaccounting.com	
	E-mail address: (to be	e used for future annual report notification)
or further inf	formation concerning this matter, please ca	II:
JES	SICA DIRINGER	407 8183682
	Name of Contact Person	Area Code Daytime Telephone Number
	ing Address:	Street Address:
	istration Section ision of Corporations	Registration Section Division of Corporations
	Box 6327	The Centre of Tallahassee
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303
Pleas	osed is a check for the following amount: te make check payable to: FLORIDA DEF 25.00 Filing Fee - \$\Pi\$130.00 Filing Fee &	

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

From: <14092046521 (Weexy Solutions)

IN COMPLIANCE WITH SECTION 605,002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C" or "LLC	, "
ame unavailable, enter alternate	name adopted for the purpose of transicting business in	Florida. The alternate name must include "Limite	d Lability Company, ""L I C " or "LI
MI	<u> </u>	33-4877126 3	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(ff] n	umber, Capplicable)
1/1/2025			
	(Date first transacted business in Florida, if prior (See sections 605.09)4 & 605.0905, F.S. to deter	to registration) mine penalty hability)	
	DOW DRCLERMONT, FL	,	DW DRCLERMONT, FL
et Acdress of Principal Office)		(Mailing Address)	
Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	2025 HAY 21 CELECTARY TALLAHAS
Name:			
Office Address:	1878 THETFORD CIR		PH 1: 35 OF STATE SEE, FL
			⊢≧ છુ
	ORLANDO	32824 . Florida	i

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.



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]:

From: +14092046621 (Weeky Solutions)

Title or Capacity;	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: ROBERT LEE BARNES	□Manager	Name:	
■ Member	Address: 16612 FRESH MEADOW DF	∐Member	Address: _	
□Authorized	CLERMONT, FL 34714	□Authorized		
Person		Person		
□Other	Other	∏Other		[]Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
∐Authorized		∐Authorized		
Person		Person		
□Other	□Other	□0ther		□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 fellony as provided for in s.817.155. F.S.

Robert Lee Barnes Signature of an author red person			
ROBERT LEE BARNES			
Typed or printed name of signer			

May 21, 2025 15:44 (UTC-04)



Lansing, Michigan

This is to Certify That BLISSFUL STAYS LLC

was validly authorized on January 15, 2025, as a Michigan

DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 30th day of April , 2025.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 25040721302