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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

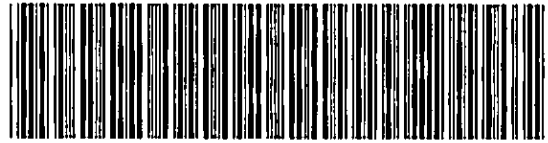
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S. FRANKLIN

NOV 21 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3 Bluejays 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:

Shawn Williams  
Name of Person

3 Bluejays LLC  
Firm/Company

10008 S. 173<sup>rd</sup> Circle  
Address

Omaha, NE 68136  
City/State and Zip Code

Williams888@cox.net  
E-mail address: (to be used for future annual report notification)

REC-1  
21 FEB 19

For further information concerning this matter, please call:

Shawn Williams at (402) 616-3934  
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

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. 3 Bluejays, 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. Nebraska  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-0785660  
(FEI number, if applicable)

4. 10/18/2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10008 S. 173<sup>rd</sup> Circle  
(Street Address of Principal Office)

6. 10008 S. 173<sup>rd</sup> Circle  
(Mailing Address)

Omaha, NE 68136

Omaha, NE 68136

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

Name: Shawn Williams

Office Address: 16819 Front Beach rd #613

Panama City Beach, Florida 32413  
(City) (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.

Shawn Williams 11/15/22  
(Registered agent's signature)

2111015

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 type="checkbox"/> Manager	Name: <u>Shawn Williams</u>	<input type="checkbox"/> Manager	Name: <u>Timothy Schmitz</u>
<input checked="" type="checkbox"/> Member	Address: <u>10008 S. 173<sup>rd</sup> Cr.</u>	<input checked="" type="checkbox"/> Member	Address: <u>433 Cristo Pass</u>
<input type="checkbox"/> Authorized	<u>Omaha, NE 68136</u>	<input type="checkbox"/> Authorized	<u>Edmond, OK 73025</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>Rodney Hess</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>11140 193<sup>rd</sup> Ave. NW</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>EJK River, MN 55330</u>	<input type="checkbox"/> Authorized	_____
Person _____	_____	Person _____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Timothy Schmitz  
 \_\_\_\_\_  
 Typed or printed name of signee

# STATE OF NEBRASKA

United States of America,     } ss.  
State of Nebraska                }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the  
State of Nebraska, do hereby certify that

**3 BLUEJAYS, LLC**

**was duly formed under the laws of Nebraska on February 14, 2022;**

**all fees, taxes, and penalties due under the Nebraska Uniform Limited  
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has  
been filed by the Secretary of State;**

**the Secretary of State has not administratively dissolved the company;**

**the Company has not delivered to the Secretary of State for filing a Statement  
of Dissolution;**

**a Statement of Termination has not been filed by the Secretary of State.**

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

October 20, 2022



A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2022

SHAWN WILLIAMS  
10008 S 173RD CIRCLE  
OMAHA, NE 68136 US

SUBJECT: 3 BLUEJAYS, LLC  
Ref. Number: W22000138239

We have received your document for 3 BLUEJAYS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 522A00024600

RECEIVED  
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