

W23000000794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

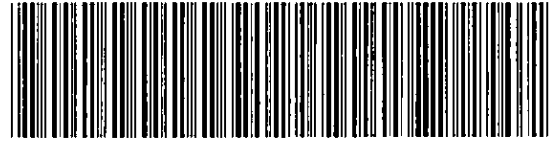
(Document Number)

Number of Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23-4914

Office Use Only



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RECEIVED JAN 17 11 40 AM 2023

SEBRAN LIN

JAN 23 2023

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ 125.00**

AUTHORIZATION: Inte  
Bluebanx, LLC

Business Name Document Number, (if known):

- Walk in  Pick up time
- Mail out  Will wait  Photocopy
- Certified Copy of Articles of Incorporation
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP
- PLLC

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution
- Merger
- Conversion
- Amended and restated Articles
- Statement of Authority

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTIL() Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bluebanx, 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:

Metod Topolnik  
Name of Person  
Bluebanx, LLC  
Firm/Company  
8954 SE Bridge Rd  
Address  
Hobe Sound, FL 33455  
City/State and Zip Code  
kchasmar@bluebanx.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krista Chasmar at ( 772 ) 486-7666  
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. Bluebanx, 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. Delaware 32-0544017  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Converted from Inc to LLC 05-2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Bluebanx LLC  
(Street Address of Principal Office)

6. Bluebanx LLC  
(Mailing Address)

8954 SE Bridge Rd

8954 SE Bridge Rd

Hobe Sound, FL 33455

Hobe Sound, FL 33455

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


Name: Metod Topolnik

Office Address: 8954 SE Bridge Rd

Hobe Sound, Florida 33455  
(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.

  
(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>Metod Topolnik</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8954 SE Bridge Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Hobe Sound, FL 33455</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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  
  
 Metod Topolnik  
 \_\_\_\_\_  
 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 THAT "BLUEBANK LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2017, AT 12:31 O'CLOCK P.M.

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "BLUEBANK INC." TO "BLUEBANK LLC", FILED THE TWENTY-FOURTH DAY OF MARCH, A.D. 2021, AT 9:19 O'CLOCK A.M.

CERTIFICATE OF FORMATION, FILED THE TWENTY-FOURTH DAY OF MARCH, A.D. 2021, AT 9:19 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "BLUEBANK LLC".

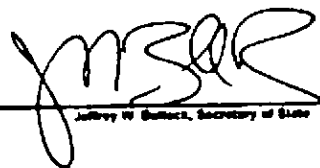
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUEBANK LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2017.



6555273 8315

SR# 20230121843

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202489091

Date: 01-13-23

Bluebanx, LLC  
8954 SE Bridge Road  
Hobe Sound, FL 33455  
772-486-7666

January 19, 2023

Florida Division of Corporations  
2415 N Monroe St  
Suite 810  
Tallahassee, FL 32303

To Whom It May Concern:

I am in receipt of Letter number 623A00001203, stating you cannot process my foreign LLC filing because the name is unavailable. You referenced Bluebanx, Inc. (F17000004330) as the name that is in conflict. I am the sole owner of Bluebanx, Inc. (F17000004330) and allowed it to dissolve in Florida because we converted the foreign entity from Bluebanx Inc (a Delaware C Corp) to Bluebanx, LLC (a Delaware LLC). It was a simple conversion, I remain the only member, our EIN, address, registered agent, ect remains the same. I was told that Florida would not allow for a conversion of a foreign entity and I needed to file the LLC as a new entity.

As such and having provided everything (including payment) for the filing of Bluebanx LLC, I hereby release and relinquish the name Bluebanx, Inc. (F17000004330) and ask that you file the foreign LLC, Bluebanx LLC.

Should you need anything further you may work with Florida Capital Courier Services or I can be reached at 772-486-7666.

Sincerely,



Metod Topolnik

REC  
2023 JAN 19 10:13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: BLUEBANX, LLC  
Ref. Number: W23000004914

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is F17000004330.

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 623A00001203

RECEIVED  
2023 JAN 19 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA