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** ALLAHASSEE FLORIDA

N CULLIGAN SEP 5 2018

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	BACK THE BLUE LLC			
00201	Name of Limited Liability Company			
		spany for Authorization to Transact Business in Florida," Crenced foreign limited liability company to transact busines		
Please r	return all correspondence concerning this matter to the	following:		
	GREGORY A. MATHEWS			
Name of Person				
	BACK THE BLUE LLC			
Firm/Company				
	7732 STATE ROAD 350 N			
Address				
	AURORA, IN 47001			
City/State and Zip Code				
	gregmathews@hotmail.com			
	E-mail address: (to be use	ed for future annual report notification)		
For furt	ther information concerning this matter, please call:			
	GREGORY MATHEWS	812 290-1833		
	Name of Contact Person	Area Code Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclose	ed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Cert Certified Copy of Status & Certified Copy		



September 5, 2018

GREGORY A MATHEW 7732 STATE ROAD 350 N AURORA, IN 47001

SUBJECT: BACK THE BLUE LLC Ref. Number: W18000079469

We have received your document for BACK THE BLUE LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 618A00018315

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. BACK THE BLUE LLC (Name of Foreign Lamited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") BACK THE BLUE IN LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida, The alternate name mast include "Limited Liability Company," "L.L.C." or "LLC.") 2. INDIANA 3. 83-1664338 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 6. 7732 STATE ROAD 350 N 7732 STATE ROAD 350 N (Street Address of Principal Office) (Mailing Address) **AURORA, IN 47001** AURORA, IN 47001 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **GREGORY A. MATHEWS** Name: 2805 HORSESHOE DR S. #5 Office Address: . Florida 34104 **NAPLES** 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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: **MEMBE GREGORY A MATHE** R 7732 STATE ROAD (Use attachments if necessary) 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 **GREGORY A. MATHEWS**

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BACK THE BLUE LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 22, 2018, and was in existence or authorized to transact business in the State of Indiana on September 05, 2018.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 05, 2018

Corrie Hamson

CONNIE LAWSON SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on October 05, 2018.