## 100000000078

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(Requestor's Name)	-
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(Address)	
(Address)	-
(City/State/Zip/Phone #)	_
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	,
(Business Entity Name)	-
(Document Number)	_
(Document Number)	:
Certified Copies Certificates of Status	-
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Special Instructions to Filing Officer:	
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Office Use Only

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SPIEGEL & UT	FILED
(Requestor's	
1840 Southwest 22nd	
	IALLANASSEE, FLORIDA
<u>Міамі, FL 33145</u>	- (305) 854-6000 OFFICE USE ONLY
	DOCUMENT NUMBER(S) (if known):
(Corporation Name)	(Document #) 1
2. (Corporation Name)	Slue Guardian Consulting Inc.
3. (Corporation Name)	(Document #)
4. (Corporation Name)	· (Document #)
Walk-In Pick up Mail out Will w	A
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other QJA Lificator	Merger
OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
L.,	Trademark
	Other

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Examiner's Initials

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	· · · ·		<b>新生产的</b> 的			
APPLICATION BY FORE		ON FOR AUTH IN FLORIDA	IORIZATION	TO TRA	NSACI	Г : :
IN COMPLIANCE WITH SECTION 6 REGISTER A FOREIGN CORPORAT					DTO	
1. BLUE GUARDIAN CONSULTING					•	
(Enter name of corporation; must inclu "Inc.," "Co.," "Corp," "Inc," "Co," or "		" "COMPANY," "(	CORPORATION,'	• • • • • • • • • • • • • • • • • • •	· <u>·····</u> ·	
(If name unavailable in Florida, enter a	lternate comorate name a	donted for the num	one of transacting	hucinaca in	<u> </u>	
2 MARYLAND		27-0658311	ose of transacting	ousiness in	rioridaj	i.
2. (State or country under the law of which			I number, if applic	able)		
4 07/22/2009	5	PERPETUAL			,	•
(Date of incorporation)	3.	(Duration: Year co	orp. will cease to ex	kist or "perp	petual")	
6. UPON FILING		,				
(SEE SECTI	rst transacted business in ONS 607.1501 & 607.150	02, F.S., to determin				- • •
7. 13621 Perdido Key Drive, Suite 100	······································					,
	(Principal office addre		* (*	1 -1		· · ·
13621 Perdido Key Drive, Suite 100						
	(Current mailing addre	ess)				,
8. To transact any legal business perr	nitted under the laws of	f the State of Florid	da and the United	d States.	''?.	
(Purpose(s) of corporation autho	rized in home state or cou	intry to be carried or	ut in state of Floric	la)	**************************************	
9. Name and street address of Florida	registered agent: (P.O.	. Box <u>NOT</u> accept	table)	E.S.	10 1	
Name: SPIEGEL & UTRI	ERA, P.A.		,	LAHA	H-6	-
Office Address: 1840 SW 22nd St	reet, 4th Floor			SSEE	E E	m
Miami		, Florida <u>3314</u>	15	, , , , , , , , , , , , , , , , , , ,	r's	
n	(City)	(Zi	ip code)	•	AND T	۲ ۲
10 Registered agent's accentance					7	

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Having been named as registered agent and to accept service of process for the above stated corporation 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.

and the ca

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(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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