# F15000001486

(F	Requestor's Name	)
A)	Address)	
(A	Address)	
(0	City/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	me)
(E	Occument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only

W15000 B762

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2015

DARRELL ROBINSON 2424 N FED HWY, #300 BOYNTON BEACH, FL 33435

SUBJECT: BLUEGRASS CAPITAL GROUP INC

Ref. Number: W15000013762

We have received your document for BLUEGRASS CAPITAL GROUP INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 915A00003956

15 MAR 20 PM 4: 03

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Bluegrass CupiTal Group INC  Name of corporation - must include suffix	-
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Please return all correspondence concerning this matter to the following:    DARRE   Robinson   Name of Person	_
Name of Person	_
	_
Firm/Company	
2424 N. FED. HWY 300	-
2424 N. FED. HWY #300 Address  BOYNTON BEACH, FL 33435  City/State and Zip code  LAR PROPERTY SOLUTIONS @ GMAIL, COM  E-mail address: (to be used for future annual report notification)	
City/State and Zip code	
LAR PROPERTY SOLUTIONS @ GMAIL, COM	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Name of Person at (561) 777 - 4503  Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee Sectificate of Status Sertified Copy Sertificate of Status Certified Copy Certified Copy	s &

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

If name unavailable in Florida, enter alternate	corporate name adopted for the purpose of transacting business in Florida)
NEVHOR	incorporated) 3. 47 - 316 8/40 (FEI number, if applicable)
(State or country under the law of which it is i	incorporated) (FEI number, if applicable)
1/22/15	5 PREDETURL
(Date of incorporation)	5. PREPETUR (Duration: Year corp. will cease to exist or "perpetual")
(SEE SECTIONS 60	sacted business in Florida, if prior to registration) 07.1501 & 607.1502, F.S., to determine penalty liability)  W J ## 300 By NO TON BEACH FL 33
(SEE SECTIONS 60	
(SEE SECTIONS 60  2424 N, FED H  (Prin  2424 N, FED H  (Cur	107.1501 & 607.1502, F.S., to determine penalty liability)  (Wy # 300 Boynton Beach, FL 33 noipal office address)  (y # 300 Boynton Beach, FC 734)  reent mailing address)
(SEE SECTIONS 60  2424 N, FRO Ha  (Cur	27.1501 & 607.1502, F.S., to determine penalty liability)  (Wy # 300 BoyNToN BEACH FL 33  ncipal office address)  (Y # 300 BoyNToN BEACH FL 33  reent mailing address)  ered agent: (P.O. Box NOT acceptable)
(SEE SECTIONS 60  2424 N. FED H.  (Prin  2424 N. FED H.  (Cur  Name and street address of Florida register  Name: MARQUIP  Tice Address: 3100 SW 10	27.1501 & 607.1502, F.S., to determine penalty liability)  Wy # 300 BoyNToN BEACH FL 33  ncipal office address)  Sy # 300 BoyNToN BEACH FL 33  reent mailing address)  ered agent: (P.O. Box NOT acceptable)
(SEE SECTIONS 60  2424 N. FED H.  (Prin  2424 N. FED H.  (Cur  Name and street address of Florida register  Name: MARQUIP  Tice Address: 3100 SW 10	27.1501 & 607.1502, F.S., to determine penalty liability)  Wy # 300 Boynton Brach ft 33  ncipal office address)  Sy # 300 Boynton Brach ft 334  reent mailing address)  ered agent: (P.O. Box NOT acceptable)

#### Registered agent's acceptance:

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.

(Registered agent's signature)

10. 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.

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

A. DIRECTORS
Chairman: DARNE // Robinson
Address: 2424 N. FED. HWY # 300
BOYNTON BENCH, FL 33435
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS /
President; DARRELL RobINSON
Address: 2424 N. FEDILENL HWY #300 BOYN TON BEACH FL 33435
Vice President:
Address:
Secretary: DARREII Robinson
Address: 5424 N FED Huy #300 BOYNTW BE4 FZ 33435
Treasurer: DARRELL ROBINOW
Address: 2424 N Federal Hury #300 Boynow Bort FE 33435
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Variable Services and of directors.
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes
a third degree felony as provided for in s.817.155, F.Ş.
13. DARRE! Robinson RESIDENT  (Typed or printed name and capacity of person signing application)
(*) pea or prime man entering or person digiting apprention)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BLUEGRASS CAPITAL GROUP**, **INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 22, 2015, and is in good standing in this state.

OF THE STATE OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 11, 2015.

BARBARA K. CEGAVSKE Secretary of State

Borhora K. Cegerste

Electronic Certificate
Certificate Number: C20150211-1548
You may verify this electronic certificate
online at http://www.nvsos.gov/