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(Address)

(City/State/Zip/Phone #)

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W16-73395 NOT Avail

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2017 JAN -9 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JAN 10 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2016

MILOVAN ALEKSIC  
BLUEDOT CORPORATION  
1391 NW ST. LUCIE WEST BLVD, STE. 105  
PORT ST. LUCIE, FL 34986

SUBJECT: BLUEDOT CORPORATION  
Ref. Number: W16000073395

RECEIVED  
2017 JAN -9 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BLUEDOT CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L16000156916 "BLUE DOT, LLC".

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 716A00023237

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUEDOT CORPORATION

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:

MILOVAN ALEKSIC

Name of Person

BLUEDOT CORPORATION

Firm/Company

1391 NW ST. LUCIE WEST-BLVD, SUITE 105

Address

PORT SAINT LUCIE, FLORIDA 34986

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ( )

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

1. BLUEDOT CORPORATION  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- BLUEDOT HOLDINGS CORPORATION  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 36-4844930  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/10/2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1100 SW ST. LUCIE WEST BLVD, SUITE 103, PORT SAINT LUCIE, FLORIDA 34986  
(Principal office address)
- 1391 NW ST. LUCIE WEST BLVD, SUITE 105, PORT SAINT LUCIE, FLORIDA 34986  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: MILOVAN ALEKSIC
- Office Address: 1100 SW ST. LUCIE WEST BLVD, SUITE 103
- PORT SAINT LUCIE, Florida 34986  
(City) (Zip code)

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**9. 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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MILOVAN ALEKSIC

Address: 1391 NW ST. LUCIE WEST BLVD, SUITE 105, PORT SAINT LUCIE, FLORIDA 34986

Director: ROBERT PALERMO

Address: 1391 NW ST. LUCIE WEST BLVD, SUITE 105, PORT SAINT LUCIE, FLORIDA 34986

**B. OFFICERS**

President: MILOVAN ALEKSIC

Address: 1391 NW ST. LUCIE WEST BLVD, SUITE 105, PORT SAINT LUCIE, FLORIDA 34986

Vice President: ROBERT PALERMO

Address: 1391 NW ST. LUCIE WEST BLVD, SUITE 105, PORT SAINT LUCIE, FLORIDA 34986

Secretary: ROBERT PALERMO

Address: 1391 NW ST. LUCIE WEST BLVD, SUITE 105, PORT SAINT LUCIE, FLORIDA 34986

Treasurer: ROBERT PALERMO

Address: 1391 NW ST. LUCIE WEST BLVD, SUITE 105, PORT SAINT LUCIE, FLORIDA 34986

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.S.

13. MILOVAN ALEKSIC, DIRECTOR

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUEDOT CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUEDOT CORPORATION" WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2016.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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SR# 20166039880

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: 203127873

Date: 10-07-16