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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	)
(Doc	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fi	iling Officer:	
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## COVER LETTER

TO: Registration Section Division of Corporations	
BLUECLIP VENTURES, LLC	
SUBJECT: Name of Li	imited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
AZUREDE ROSS	
Name of Person	
MERIDIAN PARTNERS LAW P.A.	
Firm/Company	<del>_</del>
4923 W. CYPRESS STREET	
Address	
TAMPA, FL 33607	
City/State and Zip Code	
AZUREDE@MÉRIDIANPARTNERSLA	AW.COM
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter, plea	ase call:
AZUREDE ROSS	at ( 813 ) 443-5260 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority	
FIRST:	The name of the limited liability company is: BLUECLIP VENTURES, LLC
SECON	D: The Florida Document Number of the limited liability company is:
THIRD:	: The street address of the limited liability company's principal office is: 2901 W. BUSCH BLVD.
	SUITE 901
	TAMPA, FL 33618
	2901 W. BUSCH BLVD.  SUITE 901  TAMPA, FL 33618  The mailing address of the limited liability company's principal office is: 2901 W. BUSCH BLVD.
	SUITE 901
	TAMPA, FL 33618
	May execute an instrument transferring real property held in the name of the company.     a. Granted to: JOSEPH A. KENNEDY
	b. No authority granted to: RUSSELL BLUMENTHAL
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to:  JOSEPH A. KENNEDY
	b. No authority granted to: RUSSELL BLUMENTHAL
1	BRYAN W. SYKES
Signature	e of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)

CR2E138 (2/14)