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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nam	e)
(Do	cument Number)	****
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## FILED

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: BLUEBIRD PROPERTIES, LL (Name of Lin	_C nited Liability Company)	
Florida	nclosed "Application by Foreign Limited Lia," Certificate of Existence, and check are say company to transact business in Florida	ability Company for Authorization to Transa submitted to register the above referenced for	ct Business in eign limited
Please	return all correspondence concerning this r	matter to the following:	
	Eric Gallus		_
	(N	ame of Person)	
	Bluebird Properties, LLC		
	(Fi	rm/Company)	
	2816 Oregon Ave. So.		
		(Address)	32 8
	St. Louis Park, Minnes		)CT 17
	(City/S	tate and Zip Code)	
For fur	ther information concerning this matter, ple	ease call:	15 OCT 17 AM II: 10
	Eric Gallus	at ( 612 ) 963.6665	_
	(Name of Person)	(Area Code & Daytime Telephone Num	nber)
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	ed is a check for the following amount:  ☐\$125.00 Filing Fee		e, Certificate & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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Typed or printed name of signee

#### II II

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Company is:	
		2 070
2. The name a	and the Florida street address of the registered agent and office	s are.
	Eric Gallus	
	(Name)	<del> </del>
	1279 Bluebird Ave.	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Marco Island <sub>FL</sub> 34145	
City/State/Zip		75. SE

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## state of Minnesota

## **SECRETARY OF STATE**

Certificate of Good Standing

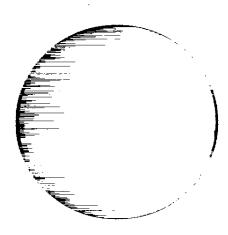
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Bluebird Properties, LLC

Date Formed or Registered: March 4, 2004

State of Organization: Minnesota

This certificate has been issued on September 30, 2005.



Mary Kiffneyer Secretary of State.