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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
789, 627, 671 47 Office Use Only	
1000-17807	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2006

PATRICIA HOWARD 965 N NOB HILL RD #187 PLANTATION, FL 33324

SUBJECT: BLUE ESCROW LLC Ref. Number: W06000017807

OB APR 24 PM 3: 55 SECTIFIABLE OF STATE

We have received your document for BLUE ESCROW LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 706A00025511

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Bue Esciou Limited Liability Company)	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact I Florida," Certificate of Existence, and check are submitted to register the above referenced foreign liability company to transact business in Florida	
Please return all correspondence concerning this matter to the following:	PASS 06
Patricia Howard (Name of Person)	S APR 24 PM 3:56 ECRETARY OF STATE ILAGASSEE, FLORIDA
Blue Escrow LLC (Firm/Company)	3: 56 STATE ORIDA
965 N. Nob Hil Rd # 187 (Address)	
Plantation, FL 33324 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Patricia Howard at (952) 693-9623 (Name of Person) (Area Code & Daytime Telephone Numb	3 (er)
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	
Enclosed is a check for the following amount: \$\sum_{\$125,00}\$ \text{Filing Fee} \sum_{\$130,00}\$ \text{Filing Fee & \$\sum_{\$155,00}\$ \text{Filing Fee & \$\sum_{\$160,00}\$ \text{Filing Fee, 6} \\ \$\text{Certificate of Status} \text{Certified Copy} \text{of Status & }\text{Certified Copy}\$	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:
1
(Name of Foreign Limited Liability Company)
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. Date of Organization) 5. Duration: Year limited liability company will cause to exist or "perpetual")
6. Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 9(05 N. Nob Hil Pd +187) # #
Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Patricia Velasco . Tim Bautree
9105 N Noh Hill Pol # 187 2910 High Street
Plantation, FL 33324 Chetenham, Glos, GL50 3HG
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)
Typed or printed name of signee

~ <u>...</u>

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.

1. The name of the Limited Liability Company is:	O6 AP	
Blue Escrow LLC	R 24	71
2. The name and the Florida street address of the registered agent and office are:	PH 3 OF ST FLOR	
Patricia Velasco	56 S	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation FL 33324		٠-
Plantation FL 33324 City/State/Zip	* **	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Sta	nt as registered l statutes accept the	
Dollars Commencer and Commence		

\$	100.00	Filing Fee for Application
	25.00	
\$	30.00	Certified Copy (optional)
8		Certificate of Status (ontional)

(Signature)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE ESCROW LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FÜRTHER CERTIFY THAT THE SAID "BLUE ESCROW LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2005.



Warriet Smith Hindson Harriet Smith Windson, Secretary of State 3689

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DATE: 03-13-06