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Special Instructions to F	iling Officer:	

A. LUNT

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**EXAMINER** 

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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bluering Proparty Georp & - L.C. (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
(Name of Person)  SECRETARY  (Firm/Company)
(Firm/Company)  (Firm/Company)  (Firm/Company)  (Firm/Company)  (Firm/Company)  (Firm/Company)  (Firm/Company)  (Address)
Hupson, FL 34667 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen (2055) at (727) 233-8315  (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  Tallahassee, Florida 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

#### 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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BlueRIDGE	Property	GROUP	٠, ٣	L. L. C	ک		
	(Name	of Foreign Limit	ed Liability Com	ipany)			
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(Da	te of Organization)		(Duratio exist or	n: Year limit "perpetual")	ed hability co	mpany will ceas	se to
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	Upov	TIING	Florida if arion	to registratio	<u>,,, )</u>		
	(Date first trans (See sections 608	3.501 & 608.502	F.S. to determine	e penalty liab	ility)	2000 SEC ALL/	
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	HUPSON	F L	2400	<u>/</u>		SEY 6	
		(Street Addr	ess of Principal	Office)		<u> </u>	
If limited liabil	lity company is a m	nanager₌manag	red company	check here	الآيار	- STS	
	ine, company is a n	idiide iiidiide	,ea company,	CHECK HOLE			
The name and	usual business add	resses of the m	nanaging mem	hers or ma	nagers are a	» ω as follows:	
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urisdiction under	the law of which it is on	zanized. (A photo	copy is not accept	table. If the o	ertificate is in a	n foreign languag	ze.a
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Nature of bus	iness or purposes to	o be conducted	d or promoted	in Florida:	HOLDIN	a Compa	N /
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		Sleake		W D			
	Signature of a	member or an	authorized re	presentativ	e of a mem	ber.	
	(In accordance with	n section 608.408(3	), F.S., the executi	ion of this doc	ument constitut	es .	
	an affirmation und	er the penalties of	perjury that the fac	ets stated herei	n are true.)		
		>dep	hen ()	7 0777			
		Typed or prin	ted name of s	ignee			

### 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 Lin	mited Liability	Company is:	
Bluerioge 1	PROPORTY	GROUP - E.	1.LC

2. The name and the Florida street address of the registered agent and office are:

DOUKISSA MARIA LOWE	1_	_	
(Name)	SE	1000	
	AH	MAR	
304 W. LIME STREET	AS	= <del>50</del>	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	SEE	Ġ	( (***********************************
	10	U	1 j j
TARPOW SPRINGS FL 34689	40°		
City/State/Zip	¥0! 3!		

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.

(Signature)

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



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **BLUERIDGE PROPERTY GROUP E, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 22, 2008, and is in good standing in this state.

TO STATE OF THE PARTY OF THE PA

Electronic Certificate
Certificate Number: C20080131-3286
You may verify this electronic certificate
online at http://secretaryofstate.biz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 31, 2008.

ROSS MILLER Secretary of State