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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Blueringe Proparty Group - N. L.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:
Stephen Cross (Name of Person)
(Firm/Company)
(Firm/Company)
14824 Potkerton Cincle
(Address)
Huoson, FL 34669 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Skephen Coss at (727) 233-8315 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations 409 E. Gaines Street Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Boxed{130.00}\$ \$130.00 Filing Fee & \$\Boxed{155.00}\$ \$155.00 Filing Fee & \$\Boxed{160.00}\$ \$160.00 Filing Fee, Certificate Copy of Status & 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 FOREI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	GN
1. Blue Riobe Property Group - N- L.CC (Name of Foreign Limited Liability Company)	
(,,,	
2. (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)	•
company is organized)	
4. Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")	
Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
· · · · · · · · · · · · · · · · · · ·	
6	
7. 14824 Patterton cincle	
HUDSON, FL 34669 (Street Address of Principal Office)	
(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:	
BluerIDGE PROPERTY MANAGEMENT GROUP L.LC	
777 N. RAINDON Blue Suite 250	
LAS Vegas, NN 89107	
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: Holoing Compsny	
TA S 20	
	_
_ Stephen Orac AFF #]	1
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.)	

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.

. The name and the Florida street address of the registered agent and office a	re:
DOUKISSA MARIA LOWE	
(Name)	
304 WILIME STREET	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
TARPEN SPRINGSFL 34689	
City/State/Zip	

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)

1. The name of the Limited Liability Company is:

\$ 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 N, 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.

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