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|                      | (Requestor's Name)       |        |
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|                      | (City/State/Zip/Phone #) |        |
| · PICK-UF            | WAIT                     | MAIL   |
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| <u> </u>             | (Business Entity Name)   |        |
| '                    | (Dualitesa Chity Name)   |        |
|                      | (Document Number)        |        |
|                      | ,                        |        |
| Certified Copies     | Certificates of          | Status |
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| Special Instructions | to Filing Officer:       |        |
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**EXAMINER** 

Office Use Only



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#### TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: BluePIDGE PROPERTY GROUP - J - 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 (Ross<br>(Name of Person)   |  |  |  |  |  |  |  |
| (Firm/Company)  (Firm/Company)  (Firm/Company)  |  |  |  |  |  |  |  |
| 14824 Potterton Cincle (Address)  |  |  |  |  |  |  |  |
| HUDSON. FL 34669  (City/State and Zip Code)   |  |  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |  |  |
| Stephen Cross at (727) 233-8315 (Name of Person) (Area Code & Daytime Telephone Number)   |  |  |  |  |  |  |  |
| STREET ADDRESS: Registration Section 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 □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate  Certificate of Status Certified 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 FOREIGN LIMITED LIARILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| i minute indones company is a manager manager company, encour nero   | R/  |  |  |   |  |  |  |                                       |  |             |
|--|---|--|--|---|--|--|--|---------------------------------------|--|-------------|
| Urisdiction under the law of which foreign limited liability  (PEI number, if applicable)  Perfetual  (Duration: Year limited liability company will cease exist or "perpetual")  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  [Street Address of Principal Office]  (Street Address of Principal Office)  (Street Address of the managing members or managers are as follows:  | WIDER   | iose PRI   | operty   | GROUP   | · - 7  | i - L  | .L.C   |                                       |  |             |
| (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  (Street Address of Principal Office)  (Street Address of Principal Office)  (Street Address of the managing members or managers are as follows:  |   |  | (Name  | of Foreign I  | _imited Lis  | ability Comp   | any)   |                                       |  |             |
| (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  (Street Address of Principal Office)  (Street Address of Principal Office)  (Street Address of the managing members or managers are as follows:  |   | 1/24/10  | •  |   | _  |  |  |                                       |  |             |
| (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  (Street Address of Principal Office)  (Street Address of Principal Office)  (Street Address of the managing members or managers are as follows:  | Iurisdictio                                   | UNE VAL  | A stubiob force  | ian limitad I   | 3.   |  | ( CEI numbo  | if applicable                         | <u>,                                      </u> |             |
| (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  (Street Address of Principal Office)  (Street Address of the managing members or managers are as follows:   | ompany is                                     | organized)   | or which fore  | aga manteu i  | lability   |  | ( rei number   | , и аррисави                          | :)   |             |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  14824 Potterton Cincle  (Street Address of Principal Office)  (Street Address of Principal Office)  (Street Address of Principal Office)  The name and usual business addresses of the managing members or managers are as follows:   |   |  | 1 -  |   |  |  | (A)  | 4                                     |  |             |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  14824 Potterton Cincle  (Street Address of Principal Office)  (Street Address of Principal Office)  (Street Address of Principal Office)  The name and usual business addresses of the managing members or managers are as follows:   |   | 1/22   | 108  |   | 5.   |  | PERTE  | TUAL                                  |  |             |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  14824 Potterton Cincle  (Street Address of Principal Office)  (Street Address of Principal Office)  (Street Address of Principal Office)  The name and usual business addresses of the managing members or managers are as follows:   |   | (Date of Org   | anization)   |   |  | (Duration  | : Year limited li  | ability compar                        | y will ce                                      | ease to     |
| 14824 Potterton Cincle  Hupson, FL 34669  (Street Address of Principal Office)  (Street Address of Principal Office)  The name and usual business addresses of the managing members or managers are as follows:  |   |  |  |   | <b>&gt;1</b> >   | exist of   | perperuar j  |                                       |  |             |
| 14824 Potterton Cincle  Hupson, FL 34669  (Street Address of Principal Office)  (Street Address of Principal Office)  The name and usual business addresses of the managing members or managers are as follows:  |   |  | UPO  | in t  | ILING  | à  |  |                                       |  |             |
| 14824 Potterton Cincle  Hupson, FL 34669  (Street Address of Principal Office)  (Street Address of Principal Office)  The name and usual business addresses of the managing members or managers are as follows:  |   | (I   | Date first tran  | sacted busin  | ess in Flor  | ida, if prior  | o registration.)   | `                                     |  |             |
| HUDSON, FL 34669  (Street Address of Principal Office)   |   |  |  |   |  | o determine  | penany naomiy  | ) =                                   |  |             |
| HUDSON, FL 34669  (Street Address of Principal Office)   | 1487  | 4 Pot  | TRRHON   | Cinc  | le l   |  |  | E SE                                  | 200  |             |
| If limited liability company is a manager-managed company, check here  | , ,,,,,                                       |  |  | 1 /   | · · · · ·  |  |  | 上記                                    | <del>- 23</del>                                | Compression |
| If limited liability company is a manager-managed company, check here  |   | HUDS   | SON.   | FL  | 3466   | ク  |  | 77                                    | <u> </u>                                       |             |
| If limited liability company is a manager-managed company, check here  |   |  |  | (Street   | Address o  | f Principal C  | ffice)   | 6                                     | 2  | F           |
| The name and usual business addresses of the managing members or managers are as follows:  |   |  |  |   |  |  |  | /HC                                   |  | ă<br>Orași  |
| The name and usual business addresses of the managing members or managers are as follows:  | f limited                                     | liability com  | ipany is a r   | nanager-m   | anaged c   | company, c   | heck here 🖵  | 77                                    | Ū  |             |
| The name and usual business addresses of the managing members or managers are as follows:  |   |  |  |   |  |  |  | 1.0°                                  | KS   |             |
| BluerIDGE PROPERTY MANAGEMENT GROUP L.L.C  | The nam                                       | e and usual b  | nsiness add  | tresses of t  | he mana  | aina meml  | ers or manao   | ers areias fo                         | llows  |             |
| BluerIDGE PROPERTY MANAGEMENT GROUP L.L.C  | - 1   | o una asaar o  | aomess add   | 1103303 01 1  | ne mana <sub>i</sub>   | eme mem  | C13 Of Mariag  | C15 (L5 10                            | LU WS.   |             |
| 777 N. Rawley Blan Suite 250   | -BL   | RIAD   | PROPOR   | the w   | AAIA co  | mont   | Como   | 1.4.0                                 | <del>-</del>                                   |             |
| 777 N. Rawley Blue Suite 250   |   | +14.00 C   |  | 7/ //   | -Sivisye.  | encry ·  | 12121  |                                       | <del>-</del>                                   |             |
|  |   | <u> </u>   | $\mathcal{N}$ .  | RAIN  | Said 1   | Slin   | 841  | te Is                                 | ~O   |             |
| The state of the s |   | ///  |  | 1 1/2//   | <u> </u>   | <u> </u>   |  |                                       |  |             |
| LAS VegAS, FL 89107  | ,   | //)  | _  |   |  | _  |  |                                       |  |             |
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|  | Attached is                                   | an original certif   | s Veg  | ence, no more   | than 90 da   | rys old, duly a  | uthenticated by t  | he official havi                      |  |             |
| lation of the certificate under oath of the translator must be submitted.)   | Attached is unisdiction                       | an original certifunder the law of   | ficate of exister which it is on                                     | ence, no more<br>ganized. (A p  | ethan 90 da<br>photocopy   | rys old, duly a<br>is not accepta  | uthenticated by t  | he official havi                      |  |             |
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| lation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida:     Complete   Com | Attached is<br>urisdiction<br>slation of the  | an original certifunder the law of   | ficate of existe<br>f which it is or<br>er oath of the               | ence, no more<br>ganized. (A p<br>translator mu                             | e than 90 da<br>photocopy<br>st be submi   | iys old, duly a<br>is not accepta<br>itted.)   | uthenticated by t<br>ble. If the certific  | he official havi<br>cate is in a fore | ign langu                                      | age, a      |
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| 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.)   | Attached is<br>urisdiction<br>slation of the  | an original certificate under the law of the certificate under the law of the certificate under the business or the sign of th | ficate of existe<br>f which it is or<br>er oath of the<br>purposes t | translator musto be conducted in member of the section 608, der the penalti | ethan 90 da<br>photocopy<br>st be submi<br>ucted or p<br>therefor an auth<br>408(3), F.S<br>les of perjur        | nys old, duly a is not accepta itted.)  promoted in the secution of the execution of the ex | n Florida:   | he official having the is in a fore   | ign langu                                      | age, a      |
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### 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:                                   |          |
|--|----------|
| Blueriose Property Group - J - L.L. c  |          |
| /  |          |
| 2. The name and the Florida street address of the registered agent and office are: |          |
| DOUKISSO MALLA LOGIE AM  | 7000 Koh |
| (Name)   | 8        |
| SEE,   |          |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   | Commen   |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   |          |
| TARPOR SPRINGS FL 3468)  |          |
| 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.

\$ 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 J, 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.

L OF

ROSS MILLER Secretary of State

office on January 31, 2008.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

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