

M100000003444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



600181312216

08/04/10--01004--022 **125.00

06/01/10--01029--012 **125.00

06/29/10--01001--002 **841.25

FILED
10 AUG -3 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-26567

J. BRYAN

AUG -4 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE CAPITAL, LLC
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:

CAROL ABRAMO

Name of Person

BLUE CAPITAL, LLC

Firm/Company

96 AUDUBON RD

Address

WAKEFIELD, MA 01880

City/State and Zip Code

carol@suncapsule.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kelly Dineen

Name of Person

at (978)

Area Code & Daytime Telephone Number

532-7517

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2010

CAROL ABRAMO
BLUE CAPITAL, LLC
96 AUDUBON RD
WAKEFIELD, MA 01880

SUBJECT: SUNSHINE DISTRUBUTION, LLC
Ref. Number: W10000026567

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SUNSHINE DISTRUBUTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$966.25.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00013762



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2010

CAROL ABRAMO
BLUE CAPITAL, LLC
96 AUDUBON RD
WAKEFIELD, MA 01880

SUBJECT: SUNSHINE DISTRUBUTION, LLC
Ref. Number: W10000026567

FILED
10 AUG -3 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

THE PENALTY FEES ADD UP TO BE \$966.25 PLUS THE FILING FEE OF \$125.00, SO WE NEED AN ADDITIONAL CHECK FOR \$125.00. YOU SENT CHECK FOR \$841.25 WHICH IS SHORT 125.00

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 710A00015841

10/28/2010 10:00 AM
10/28/2010 10:00 AM

10/28/2010 10:00 AM
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10/28/2010 10:00 AM

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of BLUE CAPITAL, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of


MASSACHUSETTS
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

SUNSHINE DISTRIBUTION, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
Company, L.L.C., or LLC.)

Date: 5/11/10

Signature(s) of Manager(s) and/or Managing Member(s):



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. BLUE CAPITAL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SUNSHINE DISTRIBUTION, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. MASSACHUSETTS 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/17/2005 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 10/01/2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 96 Audubon Rd
Wakefield MA 01880
(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:

Eugene Charette 96 Audubon Rd Wakefield, MA 01880

Carol Abramo 96 Audubon Rd Wakefield, MA 01880

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: _____

Sell indoor Tanning Equipment

Carol Abramo
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.)

Carol Abramo

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Blue Capital, LLC

If unavailable, the alternate to be used in the state of Florida is:

SUNSHINE DISTRIBUTION, LLC

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

CT Corporation Systems

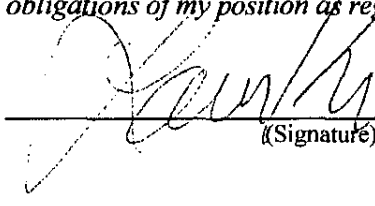
(Name)

1200 South Pine Island Rd
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

PLANTATION, FL 33324
City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

**Lauren H. Krenz
Special Assistant
Secretary**

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

April 14, 2010

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company
filed in this office by

BLUE CAPITAL, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 17, 2005.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **EUGENE CHARETTE, CAROL ABRAMO**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **EUGENE CHARETTE, CAROL ABRAMO**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **EUGENE CHARETTE, CAROL ABRAMO**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA