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(Requestor's Name)

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(City/State/Zip/Phone #)

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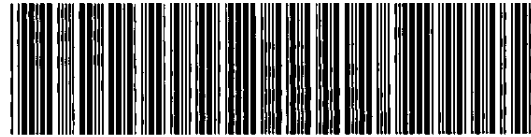
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 DEC 22 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 22 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S.D.S. BLUE, 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:

DIANNE SCHWARTZ  
Name of Person

SDS BLUE, LLC  
Firm/Company

14858 SE 100TH CT  
Address

SUMMERFIELD, FL 34491  
City/State and Zip Code

sdschwartz68@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DIANNE SCHWARTZ at ( 352 ) 288-3456  
Name of Person Area Code & Daytime Telephone Number

**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

**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. S.D.S. BLUE, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. STATE OF INDIANA 3. 27-1415363  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. AUGUST 10, 2009 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease 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. 14858 SE 100TH CT, SUMMERFIELD, FL 34491  
(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:

DIANNE SCHWARTZ 14858 SE 100TH CT, SUMMERFIELD, FL 34491

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: ANY AND ALL LEGAL PURPOSES

Dianne Schwartz, member  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DIANNE SCHWARTZ, member  
Typed or printed name of signee

10 DEC 22 AM 11:46  
SEC. DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

S.D.S. BLUE, LLC

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

\_\_\_\_\_

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

DIANNE SCHWARTZ, member  
(Name)

14858 SE 100TH CT  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

SUMMERFIELD, FL 34491  
City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 DEC 22 AM 11:47

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*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.*

Dianne Schwartz, member  
(Signature)

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

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

FILED  
10 DEC 22 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**S.D.S. BLUE, L.L.C.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 10, 2009, and was in existence or authorized to transact business in the State of Indiana on November 12, 2010.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twelfth Day of November, 2010.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2010

DIANNE SCHWARTZ  
14858 SE 100TH COURT  
SUMMERFIELD, FL 34491

SUBJECT: S.D.S. BLUE, L.L.C.  
Ref. Number: W10000055265

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10 DEC 22 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

The document must be signed by a member or an authorized representative of a member.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 510A00029022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2010

DIANNE SCHWARTZ  
14858 SE 100TH COURT  
SUMMERFIELD, FL 34491

SUBJECT: S.D.S. BLUE, L.L.C.  
Ref. Number: W10000055265

FILED  
10 DEC 22 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 610A00027662