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Foreign Limited Liability Company Bluesky DEF, LLC

Certificate of Status	0
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Page Count	05
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N. Culligan DEC 3 0 2010

COVER LETTER

	n of Corporations
SUBJECT:	BLUTESKY OFF LLC Name of Limited Liability Company
-	Name of Limited Liability Company
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Picase return all	correspondence concerning this matter to the following:
	BRAPLEY BARTELS Name of Person
	Name of Person
	BLUESKY OFF LLC Firm/Company
	Firm/Company
	P.O. BOX 2367 Address
	Address
	HOLLAND, MI. 49423-2367 City/State and Zip Code
	City/State and Zip Code
-	BRACE BRENNERVIL. CUM E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
	BRADLEY BARTELS at 616 344-0419 Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Division Registra P.O. Bo	NG ADDRESS: STREET ADDRESS: n of Corporations Division of Corporations ation Section Registration Section x 6327 Cliffon Building ssee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301
Enclosed is a	check for the following amount: Filing Fee Status S130.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy

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

IN a	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A F ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN
LUV	BLUESKY OFF LLC	
۲۰-	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CON	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab mpany," "L.L.C," "LLC.")	e written ility
2. ()	MICHIGAN Jurisdiction under the law of which foreign limited liability Onipany is organized) A 1-2627272 (FEI number, if applicable)	
4	MARCH 15 2010 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")	SECRETAP DIVISION OF
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	CRETAR ION OF C
7.	12948 QUINCY ST.	A SET OF
		SALE SAATION
•	(Street Address of Principal Office)	
	If fimited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: OUGLAS A. BRENNER 12948 QUINCY ST. HULLAND M. 494.	<u>)</u> 4
thej	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reunisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under oath of the translator must be submitted.)	- cords in
	Nature of business or purposes to be conducted or promoted in Florida: MANUFACTURE	
	OF DIESEL EXHAUST FLUID	-
_	Brodly & Bartelo	
	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 aftirmation 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 follows as provided for in s.817.155, F.S.) [SRADLEY 2. BARTELS	
	Typed or printed name of signee	

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.

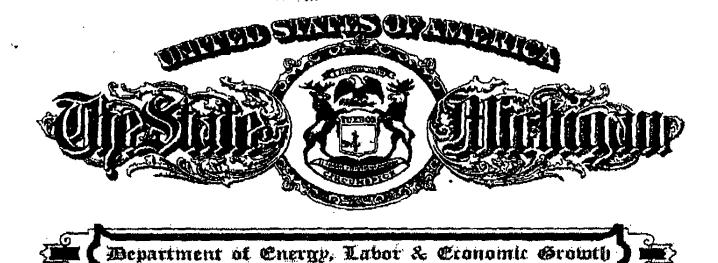
1. The name of the Limited Liability Company is:	
BLUESKY OFF LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office	SECRETARY VISION OF C 10 DEC 29
CT CORPORATION SYSTEM	C 29
(Name)	क मुन्
1200 S PINE ISLAND RUAD Florida Street Address (P.O. Box NOT ACCEPTABLE)	
PLANTATION FL 33324	
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.

Assistant Secretary
Katie Markowski

(Signature)

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



Lansing, Michigan

This is to Certify That

BLUESKY DEF, LLC

was validly organized on March 15, 2010 as a Limited Liability Company. Seld Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1031940

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 29th day of December, 2010

v - /)

Bureau of Commercial Services