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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Consideration to Filip Office
Special Instructions to Filing Officer:



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SECRETARY OF STATE
TAIL AHASSEF FI COLOR

Office Use Only

111-3403V

T. HAMPTON

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BLUE SUEDE SHORES 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:
STEVEN DRINKWATER Name of Person
BLUE SUEDE SHORES, LLC Firm/Company
425 Morrison RD. Address
BRANDON, FL. 3351) City/State and Zip Code
SADRINKWATER @ SDCQlobal. NET E-mail address: (to be used for future-annual report notification)
For further information concerning this matter, please call:
STEVEN DRINKWATER at (954) 695-2113 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: \$\square\$125.00 Filing Fee \times \square \square\$130.00 Filing Fee \times



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 NOV 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 2, 2011

STEVEN DRINKWATER 425 MORRISON RD BRANDON, FL 33511

SUBJECT: BLUE SUEDE SHORES, LLC

Ref. Number: W11000056034

We have received your document for BLUE SUEDE SHORES, 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):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00024974

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. BLUE SUEDE SHORES, LLC
(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. KANSAS (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 12 30 2008 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. NO PRIOR BUSINESS TRANSACTED IN FLORIDA
(Date tirst transacted business in Florida, if prior to registration.)
7. 425 MORRISON KD.
$\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}($
(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?
STEVEN DRINKWATER MORM 425 MORRISON RD. BRANDON FL. 3351
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:
ASSET MANAGEMENT.
Attan Clonkwater
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.)
STEVEN DRINKWATER

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:
BLUE SUEDE SHORES, 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:
STEVEN DRINKWATER (Name)
425 Morrison RD, Florida Street Address (P.O. Box NOT ACCEPTABLE)
BRANDON FL 3351) 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)

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

BECHETARY OF STATE

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6302038

Entity Name: BLUE SUEDE SHORES LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: STEVEN A DRINKWATER

Registered Office: 13014 W 92nd St, LENEXA, KS 66215

was filed in this office on December 30, 2008, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

TO THE PARTY OF TH

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 17, 2011

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 490723 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.