Frorida Department or State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : LEGALZOOM.COM INC.

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Foreign Limited Liability Company My Blue Haven LLC

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COVER LETTER

BJECT:	M	y Blue Haven LLC	
	ر .	same of Limited Liability Company	
			Transact Business in Florida," Certificate ility company to transact business in Flori
se return all correspond	ence concerning this	matter to the following:	
<u></u>		Barbara Dang	
		Name of Person	
		Legalzoom.com, Inc.	
		Firm/Company	
	1	00 W. Broadway Suite 100	
	,	Address	
******		Glendale, CA 91210 City/State and Zip Code	
		•	
		rcmitchell@bellsouth.net (to be used for future annual report no	orification)
further information cond	cerning this matter, pl	ease call:	
E	arbara Dang	at (323)	962-8600
, >	lame of Person	Area Code & Daytime Telepho	one Number
MAILING ADDR Division of Corpora Registration Section P.O. Box 6327	ations	STREET ADDRESS: Division of Corporations Registration Section Clifton Building	•
Tallahassee, FL 323	314	2661 Executive Center Circle Tallahassee, FL 32301	
losed is a check for	the following amo	ount:	
\$125.00 Filing F	ee\$130.00 Fili	ing Fee & \$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate



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: My Blue Haven 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.") Tennessee (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 03/22/2012 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to 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) 7. 504 Echo Valley Road Knoxville, Tennessee 37923 (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 fallows: Ronald C Mitchell, 504 Echo Valley Road Knoxville, Tennessee 37923 Harriott V Mitchell, 504 Echo Valley Road Knoxville, Tennessee 37923 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: Renting, Leasing, and Property Management 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.) Ronald C Mitchell

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 Lim	ited Liability Company is:
	My Blue Haven LLC
If unavailable, the altern	nate to be used in the state of Florida is:
2. The name and the Fl	orida street address of the registered agent and office are:
******	Samantha VanSteenburg
	(Name)
	4475 Parkwood Square
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Niceville FL 32578
	City/State/Zip
liability company at the pagent and agree to act in relating to the proper an obligations of my positio	egistered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as registered this capacity. I further agree to comply with the provisions of all statutes a complete performance of my duties, and I am familiar with and accept the n as registered agent as provided for in Chapter 608, Florida Statutes.
Samontha X (Si Samentha Val	Steenburg Steenburg
	\$ 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 TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

LegalZoom.com, Inc.

STE 100

100 W BROADWAY

GLENDALE, CA 91210-1230

Request Type: Certificate of Existence/Authorization

Request #:

0066817

Issuance Date: 05/21/2012

Copies Requested:

Document Receipt

Receipt #: 759122

Filing Fee:

\$20.00

May 21, 2012

Payment-Check/MO - LegalZoom.com, Inc., GLENDALE, CA

\$20.00

Regarding:

My Blue Haven LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

681881

Formation/Qualification Date: 03/22/2012

Date Formed:

03/22/2012

Status:

Active

Duration Term:

Formation Locale: TENNESSEE

Inactive Date:

Perpetual

Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

My Blue Haven LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Sheila Keeling

Verification #: 000989733

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/