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COVER LETTER

Division of Corporations
SUBJECT: BLUE UMBRELLA MARKETING LLC Name of Limited Liability Company
Canto of Emilion Blashay Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o 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:
JAMES R. BACHHUBER Name of Person
Name of Person
BLUE UMBEELLA MARKETING, LLC Firm/Company
Firm/Company
2669 SENECA DRIVE Address
Address
ST. Johns FL 32259 City/State and Zip Code
City/State and Zip Code
blue umbrellajim e gmail. com E-mail address: (to be used for future annual report notification) Ex
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES BACHHUBER at 414) 460-03452 10
JAMES BACHHUBER at (414) 460-03457 No Proceed to Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Division of Corporations
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
England is a shock for the following emount:
Enclosed is a check for the following amount: \$\Pi\$ \$125.00 Filing Fee \$\Pi\$ \$130.00 Filing Fee & Certificate of Status \$\Pi\$ \$155.00 Filing Fee & Certified Copy \$\Pi\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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.") Wisconsin (Jurisdiction under the law of which foreign limited liability company is organized) (Date of Organization) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) Seneca Drive 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: R. Bachhuber 2669 Seneca Drive Johns, FL 32259 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: Marketing 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.) R BACHHUBER
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 t	he Limited L	iability Com	pany is:			
Bu	DE UMB	RELLA 1	MARKETING	LLC		
If unavailable, th	e alternate to	be used in th	ne state of Florida is:			
2. The name and	the Florida s	street address	of the registered age	nt and office are:		·
-	ر	ames R	Z. BACHHUBE (Name)	e		
			_		TAL TAL	<u></u>
-	F	lorida Street Ad	ddress (P.O. Box NOT AC	CEPTABLE)	CAHAS	Alla 12 PM
-	ST.	JOHNS,	FL City/State/Zip	32259		o [
					STAT LORI	
liability company	at the place of	designated in	to accept service of paths this certificate, I here	by accept the appo	intment as	
statutes relating t	o the proper	and complete	oacity. I further agree performance of my d istered agent as provi	uties, and I am fami	iliar with an	d
1	James	(Sign	Juliure)			
		\$ 100.00 \$ 25.00	Designation of R	egistered Agent		
		\$ 30.00	Certified Copy (c	optional)		

\$ 5.00 Certificate of Status (optional)

DOM 180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions do hereby certify that

BLUE UMBRELLA MARKETING, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 7, 2005.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



held by the Secretary of State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 2, 201

GEORGE PETAK, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

BY:

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly

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