# M 14000003397

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	<del>= #)</del>
PICK-UP	WAIT	MAIL .
(Busi	ness Entity Nan	ne)
(Дось	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
W14-27	250. TS	512

Office Use Only



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B. BOSTICK
MAY 2 0 2014
EXAMINER

### **COVER LETTER**

TO:	Regist

tration Section **Division of Corporations** 

011P IT 00	BluL	ı LLC	١
SHR IFCT.		, —— <del>-</del>	

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:

Michael McDonald

	Name	of Person			_	
BluLu LLC						
	Firm/	Company			_	
36 Derbes Drive	е					
	A	ddress				
Gretna, La 700	53					
	City/State	and Zip Code	······································		_	
mikem@nscnol	a.com					
E-mail address:	(to be used for	r future annual rep	ort notification)			
For further information concerning this matter, plea	se call:					
Michael McDonald	·	504	368-4155	**	11.92	
Name of Contact Person		Area Code	Daytime Telephone	Number	- : :	,
MAILING ADDRESS:	STREET A	ADDRESS:		•		•
Division of Corporations		Corporations		. ;	• 3	, r
Registration Section P.O. Box 6327	Registratio Clifton Bui					
Tallahassee, FL 32314	2661 Execu	utive Center Circ e, FL 32301	cle	÷.	tig Ug	
Enclosed is a check for the following amou	ınt:					
□ \$125.00 Filing Fee □ \$130.00 Filin	•	\$155.00 Filing	•			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the p Liability Company," "L.L.C," or "LLC.")					e alternate n	iame mus	st include	e "Limite
<sub>2</sub> State of Louisiana	3.	46-3	607	447				
(Jurisdiction under the law of which foreign limited liabil company is organized)	ity			(FEI numb	per, if applic	cable)		
1.								
(Date first transacted (See sections 605.0904 &	business in Flo ε 605.0905, F	orida, if p S. to dete	ior to re rmine p	agistration.) enalty liabilit				
36 Derbes Drive							2017	
Gretna, La 70053							: :	
	ect Address of	`Principa	Office)	)				
36 Derbes Drive						:	- :	
Gretna, La 70053							ن.	
	(Mailing	Address)			•			
7. The name, title or capacity and address of	the person	n(s) wh	has/l	have autho	ority to m	nanage	is/are:	
Michael McDonald or Andree	McDor	nald,	Mo	2nage	rs			
36 Derbes Drive				7-				
Gretna, LA 70053							·	<del></del>
3. Attached is an original certificate of existence aving custody of records in the jurisdiction acceptable. If the certificate is in a foreign larmust be submitted)	under the la	aw of w anslati	hich i on of t	t is organi	zed. (A p	hotoc	opy is	not

(In accordance with section 605.0203, 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.)

Michael McDonald

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailabl	le, the alternate to be used	in the state of Florida is:	
2. The name	e and the Florida street ad	dress of the registered agent and office are	::
	Silvia Madria	aga	4
		(Name)	and the
	35000 Emer	ald Coast Parkway	- <del></del>
	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	
	Destin	32541 FL	ું આ
		City/State/Zip	لــ ــــــــــــــــــــــــــــــــــ
liability com registered ag statutes relat	pany at the place designate gent and agree to act in thi ting to the proper and com	nt and to accept service of process for the all ed in this certificate, I hereby accept the apply is capacity. I further agree to comply with the plete performance of my duties, and I am for segistered agent as provided for in Chapter Services.	pointment as the provisions of all amiliar with and

\$ 100.00

\$ 25.00

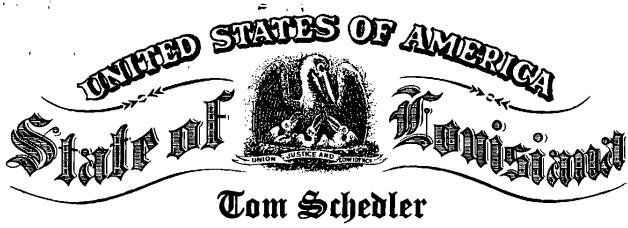
\$ 30.00

5.00

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

**Designation of Registered Agent** 



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

#### **BLULU LLC**

A limited liability company domiciled in GRETNA, LOUISIANA,

Filed charter and qualified to do business in this State on August 22, 2013,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 14, 2014

Certificate ID: 10481180#MVM73

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation. then follow the instructions displayed. www.sos.louisiana.gov

Secretary of State Web 41265641



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2014

MICHAEL MCDONALD 36 DERBES DRIVE GRETNA, LA 70053

SUBJECT: BLULU LLC

Ref. Number: W14000027250

We have received your document for BLULU LLC 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 must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 314A00009228