# M14000003751

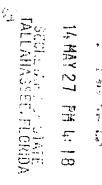
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### **COVER LETTER**

Division of Corporations	
SUBJECT: BLUCORE ENTERPRISES, 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.	ıf a
Please return all correspondence concerning this matter to the following:	
GREG WILNAU	
Name of Person	
BLUCORE ENTERPRISES, LLC	
Firm/Company	
13540 PITANGA STREET	
Address	
CLERMONT FL 34711	
City/State and Zip Code	
BLUCORE@OUTLOOK.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
GREG WILNAU 352 989 7107	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building 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:  \$\sum_{\text{s}}\$\$ \$125.00 \text{ Filing Fee} \$\sum_{\text{s}}\$\$ \$130.00 \text{ Filing Fee} & \$\sum_{\text{s}}\$\$ \$155.00 \text{ Filing Fee} & \$\sum_{\text{s}}\$\$ \$160.00 \text{ Filing Fee}, \text{ Certificate} \$\text{Certified Copy}\$ \$\text{of Status}\$ \$\text{Certified Copy}\$	

### 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:

1. BLUCORE ENTERPRISES, 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. The alternational Liability Company," "L.L.C," or "LLC.")	ate name must in	clude "Limited
2, NEVADA 3.		
(Jurisdiction under the law of which foreign limited liability (FEI number, if ap company is organized)	oplicable)	
4.		
(Date first transacted business in Fiorida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		<del></del>
13540 PITANGA STREET CLERMONT FL 34711		
(Street Address of Principal Office)		
13540 PITANGA STREET CLERMONT FL 34711		
(Mailing Address)	#- 	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/a	îr¢:
GREG WILNAU, MANAGER		
13540 PITANGA STREET CLERMONT FL 34711	67 ] [ 67]	7
		Testing.
3. Attached is an original certificate of existence, no more than 90 days old, duly auth	nenticated by	the official
eaving custody of records in the jurisdiction under the law of which it is organized. (Acceptable. If the certificate is in a foreign language, a/tra/islation of the certificate un		
nust be submitted)	ider oath or t	ne translator
Mana MAMA		
Sygnature of an authorized person		
n accordance with section 605.0203, P.b., the execution of this document constitutes an affirmation under the penalties of per maware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	rjury that the facts ovided for in s.817.	stated herein are true .155, F.S.)
GREG WILNAU		

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.

ny is: S, LLC	
state of Florida is:	
f the registered agent and of	fice are:
(Name)	<del></del>
STREET	62
ess (P.O. Box NOT ACCEPTABLE	ALLI
FL 34711	MAY 2
City/State/Zip	(A) - m
	The state of the s
is certificate, I hereby acceptity. I further agree to complete formance of my duties, and pred agent as provided for in the second sec	t the appointment as 🖘 ly with the provisions of all I am familiar with and I Chapter 605, Florida
	S, LLC state of Florida is:  the registered agent and of  (Name)  STREET  SS (P.O. Box NOT ACCEPTABLE)  A4711  City/State/Zip  accept service of process for sertificate, I hereby accept ity. I further agree to completely. I further agree to completely agent as provided for interest agent as provided for interest.

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BLUCORE ENTERPRISES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 9, 2014, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20140508-0525
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 8, 2014.

ROSS MILLER Secretary of State

. . .