

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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To: Division of Corporations  
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**\*RE-SUBMIT\***

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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**Foreign Limited Liability Company**  
**Blue Slate Solutions, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	08/6
Estimated Charge	\$1,180.00

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DIVISION OF CORPORATIONS  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

**1. BLUE SLATE SOLUTIONS, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

**2. New York**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 14-1823628**

(FBI number, if applicable)

**4. 07/01/2010**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

**5. 39 Columbia Street, Albany, NY 12207**

(Street Address of Principal Office)

**6. c/o ExiService.com, LLC 280 Park Avenue, 38th Fl, New York, NY 10017**

(Mailing Address)

**7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:**

**Rohit Kapoor, 280 Park Avenue, 38th floor, New York, NY 10017**

(member)

**Vishal Chhibber, 280 Park Avenue, 38th floor, New York, NY 10017**

(member)

**Rembert de Villa, 280 Park Avenue, 38th floor, New York, NY 10017**

(member)

SEE ATTACHMENT

**8. 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)**

**Signature of an authorized person**

(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 and correct. 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.817.135, F.S.)

**Jarrod Yakes**

**Typed or printed name of signer**

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J.A.D.  
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**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.

1. The name of the Limited Liability Company is:

BLUE SLATE SOLUTIONS, 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:

CT Corporation System  
(Name)

1200 South Pine Island Road  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324  
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 605, Florida Statutes.*

CT Corporation System

By: Debbie Diaz

(Signature)

**Debbie Diaz**  
Assistant Secretary

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

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STATE SECRETARY OF FLORIDA

**Attachment to Florida  
Member/Manager Information**

1	<b>Full Name:</b>	Jarrod Yahes
	<b>Member/Manager:</b>	Member
	<b>Business Address:</b>	280 Park Avenue, 38th floor
	<b>City:</b>	New York
	<b>State:</b>	NY
	<b>ZIP Code:</b>	10017
2	<b>Full Name:</b>	Nancy Saltzman
	<b>Member/Manager:</b>	Member
	<b>Business Address:</b>	280 Park Avenue, 38th floor
	<b>City:</b>	New York
	<b>State:</b>	NY
	<b>ZIP Code:</b>	10017
3	<b>Full Name:</b>	Ajay Ayyappan
	<b>Member/Manager:</b>	Member
	<b>Business Address:</b>	280 Park Avenue, 38th floor
	<b>City:</b>	New York
	<b>State:</b>	NY
	<b>ZIP Code:</b>	10017

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**State of New York  
Department of State } ss:**

*I hereby certify, that BLUE SLATE SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/31/2000, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 31st day of July  
two thousand and fourteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

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