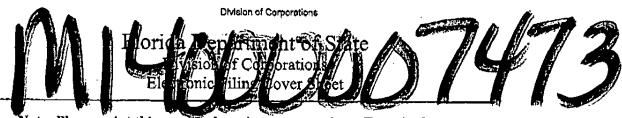
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name :

: MARIN, ELJAIEK, & LOPEZ, PL

Account Number : I20030000013

: (305)444-5969

Phone Fax Number

: (305)444-1939

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email Address: 18FO @ MEU AWYERS. COM

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14 OCT 15 PH 12: 00
19 INTSIGN OF COMPERCIAL
BUREAU OF COMPERCIAL
NFORMATION SERVICES

Foreign Limited Liability Company Blueros Coventry, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

OCT 16 2014 Help J. BRUCE

Electronic Filing Menu

Corporate Filing Menu

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. Blueros Coventry 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 alternate name must include "Limited Liability Company," "LLC," or "LLC,") |
| 2 DELAW ARE 3. |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4GCTOBER 6,7014 |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 5650 BRECKENPIDGE PARK DR #302 |
| TAMPA, FC 33610 |
| (Street Address of Principal Office) |
| 6. CO Hellaw REGISTERED AKENTS, LLC |
| 2601 S. BAYSHOLEDR #850, COCONUT GROW, FR 381333 |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| BLUEROS COVENTRY PARTUERSSILLE |
| A DELAWARE IMITED CLABILITY OSUPANT |
| MANAGING MEMBER |
| MANIA MEASEE |
| 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 berein are true. 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.) |
| Shrupes Eugles II |
| 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.

| 1. The name of the Limited Liability Company is: | | • |
|--|---------------|---|
| BIOEROS COVENTRY, 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: | THE WASSELLEN | |
| Mellow Resistered AGENTS, LLC. | | davina cassanti |
| | នួន្យ Tru | |
| 2601 S. BAYSHORE DRIVE #850 Florida Street Address (P.O. BOX NOT ACCEPTABLE) | AN OIL | Lange of the same |
| Cocodur Grove FL 33133 | 题 fo | , |
| 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.

(Signature)

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUEROS COVENTRY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUEROS COVENTRY, LLC" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2014.

AND I DO REREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5616259 8300

DATE: 10-07-14