

Division of Corporations Electronic Filing Cover Sheet

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<u>a.</u>			
ഗ	ે. જે To:	Division of Cor	norstions
\sim	1. 14. 1 1. 14. 1	Fax Number	: (850)617-6381
	(1155) (7. 45)		
رجم ا	⊖ _ From:		
	ল ব	Account Name	: C T CORPORATION SYSTEM
			
		Fax Number	: (850)878-5368
	berra	Account Number Phone Fax Number	: (850)205-8842

Foreign Limited Liability Company **Blue Skies LLC**

Certificate of Status	0
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Corporate Filing Menu

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6/25/2015

6/25/2015 12:34110 PM From: To: 8506176381(2/4)

COVER LETTER

	iration Section on of Corporations							
SIIB IECT.	BLUE SKIES LLC							
SUBJECT: Name of Limited Liability Company								
The enclosed * Existence, and	Application by Foreign Limited Liability Com check are submitted to register the above refer	ipany for Authorization to Tri renoed foreign limited liability	ansect Business in Florida," Certificate of y company to transact business in Florida					
Please return s	If correspondence concerning this matter to the	e following:						
	KAREN MCELLIGATT							
	ŀ	lame of Person						
	NEAL, GERBER & EISENBERG LLP							
	Firm/Company							
	2 NORTH LASALLE STREET, SUITE 1700							
		Address	<u> </u>					
	CHICAGO, ILLINOIS 60602							
	City/	State and Zip Code						
	KMCELLIGATT@NGELAW.COM							
	E-mail address: (to be use	ed for future annual report no	ification)					
For further info	ormation concerning this matter, please call:							
KAR	EN MCELLIGATT	312 269-56	8 6					
	Name of Contact Person	Area Code Day	time Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Chifton Building 2661 Executive Center Circle Tallahassec, FL 32301						
Enclosed is a check for the following amount: □ \$125.00 Filing Fee Certificate of Status		☐ \$155.00 Filing Fee & Certifled Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy					

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

IN COMPLIANCE HYTTI SECT COMPANY TO THANSACT BUT	TION GUSUUGOZ FT.ORUDAI STATUTES, T. SINESSI INTHE STATE OF FLORIDA:	HE FOLLOWAY ISSU	IDMITTIED TO REGISTER A.	YTUIBLU CETIIALI NORMY
, BLUE SKIES LLC	•			
	ign thinked Liability Company, must i	nelule "Limited I labi	hiy Company," "L.L.C." or	"CUC.")
BLUE SKIES 3000 LLC		År	le Claride The alternate non	ne must include "Limited
(If mame unaversation, unter all Liability Company," "L.L.C."	enute name adopted for the purpose of "LLC.")		til Literatury i den blockeren alen	W the state that Limited
2. DELAWARE		3. 32-0466934		
	of which foreign firelised liability		(FEI number, if applicable	
4	(Date lint immsocied business (See tections 603.0904 & 603.09	in Florida, if palor to	egistration.)	-
5. I NORTH WACKER I		MS, P.S. tó determina	penalty liability)	_
CHICAGO, IL 60606				هري مد مد مد المدارات
6. I NORTH WACKER E	(Street Address of Pri DRIVE, SUITE 3605	ncipal Office)		_
CHICAGO, IL 60606				<u>.</u>
	(Mailing Ad	(sports)		!
7. Name and street address	s of Florida registered agent: (P.O	. Box <u>NUT</u> uccepia	bic)	
Name:	CT CORPORATION SYSTEM			
Office Address:	1200 SOUTH PINE ISLAND RO	DAD		
	PLANTATION		, Florida 33325 (Zip code)	_
Rogistered agent's accept	(City)		(Zip code)	
flaving been named as re- this application, I hereby to with the previsions of all sites ablusting and	gistered agent and to accept servic accept the appointment as register stablics relative to the proper and thus as realistered opens.	reil agent and agree complete performa	to not in this enpacity. I new of my duties, and I at	further agree to comply w familiar with and accept
C T Corpo	ration System by	. O. M. 9	ام James M	. Halpin
-	Cration System by	ed agold's signature)	Assistant S	Recretary
8. The name, this or capa THEODORE G. SCHWA	eity and address of the person(s) w RTZ, MANAGER	isodiya ayud es d ady	ly to munage is/are:	
I NORTH WACKER OR	IVE, SUITE 3605			
CHICAGO, IL 60606				 ,
		lighte is in a forcing	n fanguage, a translation o	
(In accordance with section	n 605.0203, F.S. And execution of true. I am aware that any false info	Cambulaorized person this disconnent consti	tutes at affirmation under	the ponulties of perjury that
degree follony us provided		TOWNOU SPECIALISCO IN	и восишени п ин рерад	nudit 61 946th constitutes 8 griles
·		nted name of signer	···-	-

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HERBY CERTIFY "BLUE SKIES 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2015.

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

5752424 R300

150969541

You may verify this certificate online at corp.dolaware.gov/authver.shtml

AUTHENTY CATION: 2499538

DATE: 06-24-15