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Division of Corporations

Fax Number : (850)617-6383

Euronia.

Account Name : HARVARD BUSINESS SERVICES

Account Number : 120080000045

Phone : (302)645-7400 : (302)645-1200

**Enter the email address for this business entity to be used from futpure annual report mailings. Enter only one email address ple 32. **

mail Address: rleyte7@gmail.com

Foreign Limited Liability Company **Azule Properties LLC**

Certificate of Status	1
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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:

	26. 1. 44. 2
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. "iability Company," "L.L.C." or "L.L.C.")	the alternate hame must include "Limit
Delaware 3.	
(firstiction under the law of which foreign limited liability (Fish au company is organized)	inher, if applicable)
No business transacted in Florida prior to registr	
(Date first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liabi) (lity)
2249 Bloods Grove Cir	
Delray Beach, FL 33445	20 7AL 7AL
(Street Address of Principal (Mise)	D
2249 Bloods Grove Cir	
	U
Delray Beach, FL 33445	SEL SE
Delray Beach, FL 33445 (Mailing Address)	
(Malling Address)	<u>r</u>
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have aut	thority to nanago 4x/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have aut	thority to nanago 4x/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have aut	thority to nanago 4x/are:
· · · · · · · · · · · · · · · · · · ·	thority to nanago 4x/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have aut Raul A Leyte-Vidal, Member 2249 Bloods Grove Cir, Defi	thority to manage 42/sire: Cray Beach, FL 33445
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have aut Raul A Leyte-Vidal, Member 2249 Bloods Grove Cir, Defit Attached is an original certificate of existence, no more than 90 days old, or	thority to manage 4s/sire: ray Beach, FL 33445
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have aut Raul A Leyte-Vidal, Member 2249 Bloods Grove Cir, Defi Attached is an original certificate of existence, no more than 90 days old, a caping custody of records in the jurisdiction under the law of which it is organized.	thority to manage 4 / sre: ray Beach, FL 33445 duly authenticated by the officencied. (A photocopy is not
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(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have aut Raul A Leyte-Vidal, Member 2249 Bloods Grove Cir, Defi Attached is an original certificate of existence, no more than 90 days old, of aving custody of records in the jurisdiction under the law of which it is orgaticeptable. If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate.	thority to manage 4 / sre: ray Beach, FL 33445 duly authenticated by the officencied. (A photocopy is not

Raul A Leyte-Vidal

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.

١,	The na	ame of th	e Limited	Liability	/ Company	is
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Azule Pr	operties LLC		·	
lf unavailable,	the alternate to be used in the state of Florida is:			
2. The name a	nd the Florida street address of the registered agent and office	SEGRE	2015 JUL	
	Raul A Leyte-Vidal	TAR'	- <u>-</u> -	
	(Name)	<u>.</u>	 >	
	2249 Bloods Grove Cir	LOSTA.	مِ	O
	Florida Su est Address (P.O. Box NOT ACCEPTABLE)	DA F	2	
	Delray Beach FL 33445			
	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.

\$ 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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Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AZULE PROPERTIES 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 EIGHTH DAY OF JULY, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AZULE PROPERTIES LLC" WAS FORMED ON THE SEVENTH DAY OF JULY, A.D. 2015.

5780343 8300

151023146

AUTHENTACATION: 2536122

DATE: 07-08-15

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