M15000 008565

(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
·	•	
		······································
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	**
Certified Copies	Certificates	of Status
•	_	
Special Instructions to	Filing Officer:	





000278415680

10/26/15--01040--018 **125.00

15 OCT 26 AM 8: 08
SECRETARY OF STATE
TALLAHASSEE FLORIC

OCT 27 2015 J SHIVERS VINCENT TEDESCO BLUTEK SOLUTIONS LLC 1895 WALT WHITMAN ROAD MELVILLE NY 11747

CUST REF: MAIL

Enclosed is the information you requested. Your payment of \$25.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.

COVER LETTER

TO:	Registration Section Division of Corporatio	ns				
SUBJI	BLUTEK SOLUTION	ONS LLC				
SUDJ	EC1.	Name of	Limited Liability	Company		
The en Exister	closed "Application by Fonce, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tr	ansact Business in Florida," C y company to transact busine	Certificate of ss in Florida
Please	return all correspondence	concerning this matter to the	following:			
	DENNIS WEII	NER				
		N	lame of Person			
	BLUTEK SOL	UTIONS LLC				
		F	irm/Company			
	126 PINE HAM	MMOCK COURT				
			Address			
	JUPITER, FL 3	33458				
		City/S	State and Zip Code	· - ·		
	weiner8764@co	meast.net				
		E-mail address: (to be use	d for future annual	report no	tification)	
For fur	ther information concerning	g this matter, please call:				
	DENNIS WEINER		561 at (420-40	39	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclos	ed is a check for the follow ■ \$125.00 Filing Fee	ing amount: \$\Boxed{\Omega} \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert of Status & 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 HABILITY COMPANY TOTRANSACTRI KINESS IN THE SECTE OF FLORIDA

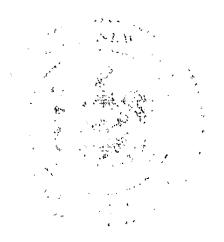
1. BLUTEK SOLUTIONS (Name of Force	S LLC right Limited Liability Company; mu	ist include "Limited Liabi	lity Company," "L.L.C.," o	or "LLC.")	·
(If name unavailable, enter al	ternate name adopted for the purpos	se of transacting business	in Florida. The afternate na	ine must include "	Limited
Liability Company," "L.L.C."					
2. NEW YORK		3. 47-4572054			
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u> </u>	(FEI number, if applicable	c)	
4.					
T.	(Date first transacted busine	ess in Florida, if pour to	registration.)		
5. 1895 WALT WHITMA	(See sections 605.0904 & 605 AN ROAD	s.0905, P.S. to determine	релану павину)		
MELVILLE, NY 1174	7				
1905 WALT WEITMA		Principal Office)	radinisada pada gaga garantari kanangaran sanda ang kanangaran sanda sanda sanda sanda sanda sanda sanda sanda		
6. 1895 WALT WHITMA	IN ROAD				
MELVILLE, NY 1174					
The state of the s	gailliaM)	Address)		****	
7. Name and street addres	s of Florida registered agent: (P	O. Box NOT accepta	ble)		
Name;	DENNIS WEINER				
Office Address:	126 PINE HAMMOCK COUR	XT			
	JUPITER		, Florida <u>33458</u>	MARANA N	
Registered agent's accep	(City)		(Zip code)		
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position us registered agent.	timent as registered ag proper and complete	ent and agree to act in t performance of my duti	his capacity. I fi es, and Lom fam	urther agree
	(Regis	tered agent's signature)		7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	J in 1
8. The name, title or capa	icity and address of the person(s)) who has/have authori	ty to manage is/are:	SEE SEE	1
VINCENT TEDESCO, E	XECUTIVE DIRECTOR			3	
DENNIS WEINER, EXE	CUTIVE DIRECTOR				(5)
LOGAN PIERSON, MEN	MBER	A WAREN	managan kanangan kan		4
	Vatat		n language, a translation		
		·			,
	I in accordance with section 605, a the Department of State constitu				ion

Typed or printed name of signee

VINCENT TEDESCO

State of New York Department of State } ss:

I hereby certify, that BLUTEK SOLUTIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/13/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



15 OCT 26 AM 8: 08
SECRETARY OF STATE

36 36 36

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 22nd day of September two thousand and fifteen.

Courtiny Scardina

Executive Deputy Secretary of State