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February 19, 2016

CHRIS JAMES 5745 SW 75TH ST. #251 GAINESVILLE, FL 32608

SUBJECT: BLUARC PARTNERS LLC

Ref. Number: W16000012404

We have received your document for BLUARC PARTNERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under seth of the translator must be attached to a certificate which is in a language other: that the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please sall (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 616A00003462

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blo Arc Portners 220 Name of Limited Liability Company	-	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."		
Please return all correspondence concerning this matter to the following:		
Chris Sames Name of Person	-	
Name of Person		
Firm/Company	-	
5745 SW 754 St. #251		
Gainesuille, FL 32408 City/State and Zip Code Address TASE SE City/State and Zip Code	- «ti- 	
City/State and Zip Code City/State and Zip Code AND AND E-mail address: (to be used for future annual report notification)	Ē	
For further information concerning this matter, please call:	O	
Name of Contact Person Area Code Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: 2-\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, C Certificate of Status Certified Copy of Status & Certified Co		

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:
R L. A. D. L.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Elimited Elability Company, must include Elimited Elability Company, E.E.C., of EEC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Uela La CC (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5 305 5 4 140 4 Tecr
1 1 201 C
(Street Address of Principal Office)
6. 5745 SW FAST 755 St #251
Controlle FL 321,08
(Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Chris Denes
Office Address: 1004 SW 113 Way
Coincsuille , Florida 32407 For
(City) (Zip code)
Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. /)
uccept the obligations of my position as registered agent.
(Registered agent's signature)
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Chris Somes - WGK
1004 SW 113 Way
Goinesuille FL 32407
9. Attached is a 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. (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
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.817.155, F.S.
Chris Semas
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLUARC PARTNERS, 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 MARCH, A.D. 2016.

5955101 8300

Authentication: 201946149

Date: 03-08-16

SR# 20161502366
You may verify this certificate online at corp.delaware.gov/authver.shtml