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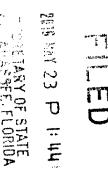
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: BLUE HOON, LLC Name of Limited Liability Company
	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	eturn all correspondence concerning this matter to the following:
	Terry Hordy Name of Person
	B(UE MOON, LLC Firm/Company
	Firm/Company
	P.O. Box 15592 Address
	Address
	Defroit, M1 48215 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Terry Hardy at (3(3)) 753-8948 Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	d is a check for the following amount: **In the state of Status** *In

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED 114BILITY

COMPANY TO TRANSACT BOSINESS IN THE STATE OF FLORIDA:	
1. BLUE MOON, LLC	the state of the s
(Name of Porcigo Limited Lability Company; must include "Limited Liability Company." "L.L.C.," or "I	alc.")
WEW ASPIRATIONS, LLC (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. Ne vada (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36 - 4830073 (FEI number, if applicable)	**************************************
4 N/A	
(Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
s. 701 N. Green Valley Pkwy Ste 200	
Henderson NV 89074 (Street Address of Principal Office)	
6. P.O. Box 15592	
	rica rica rica rica rica rica rica
Detoit, M/ 482(5	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
To. Anlace	To T
122 5 with 1 10-1	
Office Address: 611 34 (11 five fift) Prumbrote Prines , Florida 33025	TATE HU
Trum brote Plines , Florida 35025	DA TH
Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated limited liability 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 complate performance of my duties, accept the obligations of my position as registered agent.	and I am familiar with and
CALL CANOLAN	
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Mario Hardy, MGR P.O. Box 15592, Detro	H, M, 48215
Terry Hardy, MGR P.O. Box 15592, Detro	H. M. 48215
	·
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having of	istody 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 translator must be submitted)	he certificate under oath
Les Had.	
Signature of infauthorized person	•
This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, 1 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.817.1	55, F.S.
Typed or printed name of signed	
TypeII or arinted agree of sinkee	

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BLUE MOON**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 8, 2016, and is in good standing in this state.

O CONTRACTOR OF THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 25, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160225-1681
You may verify this electronic certificate
online at http://www.nvsos.gov/