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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEE FIRED

COVER LETTER

| | Registration Section Division of Corporatio | ns | | | | | | |
|-------------|--|--|------------------------------------|--|---|---|---------------------|-------------------|
| SUBJEC | BLUKEY HOMES | , LLC | | | | | | |
| 00000 | | Name of | Limited Liability | Сопрапу | · · · · · · · · · · · · · · · · · · · | | | |
| The enclo | osed "Application by Fo e, and check are submitte | reign Limited Liability Comed to register the above refer | pany for Authoriz | ation to Ti ited liabili | ransact Business in Flo ty company to transact | rida," (: busine | Certific ss in P | cate of lorida |
| Please ret | turn all correspondence | concerning this matter to the | following: | | , | | | |
| | Nadjalisse Rod | riguez | | | | | | |
| | | N | lame of Person | | | | | |
| | with the term of t | | | | | | | |
| | | F | irm/Company | | | | | |
| | 245 NE 14 Stre | et Unit 1906 | | | | 14T 03S | ਲ | |
| | | | Address | | | | ٥ | 77 |
| | Miami, FL 331 | 32 | | | | SSE SE | 8 | |
| | | City/S | state and Zip Code | | | 7 | = | |
| | Nadjalisse@gma | il.com | | | · · · · · · · · · · · · · · · · · · · | 83 | ά | |
| | * | E-mail address: (to be use | d for future annual | report no | tification) | | $\overline{\infty}$ | |
| For furthe | r information concerning | g this matter, please call: | | | | | | |
|] | Nadjalisse Rodriguez | | 561 at (| 573- | -9824 | | | |
| | Name o | f Contact Person | Area Code | Day | ytime Telephone Numl | oer | | |
| E R P | MAILING ADDRESS: Division of Corporations egistration Section O. Box 6327 Callahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations tion Section Building ecutive Center Circle see, FL 32301 | | | |
| Enclosed i | s a check for the following \$125.00 Filing Fee | ing amount: \$\Pi\$ \\$130.00 \text{Filing Fee & Certificate of Status} | □ \$155.00 Filin Certified Copy | g Fee & | □ \$160.00 Filing Fe of Status & Certified | | | : |

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| COMPANY TO TRANSACT BE | ISINESS IN THE STATE OF FLORIDA: | | | | |
|---|--|--|------------------------------|---------|-------------|
| , BLUKEY HOMES, LI | LC | | | | |
| (Name of For | eign Limited Liability Company; must include "Li | mited Liability Company," 'L.L.C.," o | or "LLC.") | | _ |
| (If name unavailable, enter a Liability Company," "L.L.C, | Itemate name adopted for the purpose of transaction | ng business in Florida. The atternate na | me must inclu | ıde "Li | — imited |
| 2. Nevada | | | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable | e) | | _ |
| 4 | | | <u>,</u> | | |
| | (Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to | if prior to registration.) determine penalty liability) | | | |
| 5. 245 NE 14 Street Unit | 1906 Miami, FL 33132 | | | | |
| | (Street Address of Principal Offic | ce) | - SEC | ର୍ଚ୍ଚ | |
| 6. | | · | 上部 | ۳ | -11 |
| · | | | | | |
| | (Mailing Address) | | - mc | ထ | וון |
| | · - | _ | 711 711 711 | | \Box |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box NO | <u>T_acceptable</u>) | 282 | ά | |
| Name: | Business Filings Incorporated | | 京田 | 8 | |
| Office Address: | 1200 South Pine Island Rd | Management and the second seco | | | |
| | Plantation | , Florida 33324 | | | |
| D foku Yu Ab | (City) | (Zip code) | | | |
| this application, I hereby i | gistered agent and to accept service of proce accept the appointment as registered agent a talutes relative to the proper and complete p | and agree to act in this capacity. I performance of my duties, and I at | further agre m familiar w | ee to c | comply |
| | Blinno Kutter L (Registered agent | est Scretary | h- | | |
| 8. The name, title or capa | city and address of the person(s) who has/hav | e authority to manage is/are: | , . | | |
| Cesar R. Romero Jr. Mgr | 245 NE 14 Street Unit 1906 Miami, FL 3313 | 2 | | | |
| Nadjalisse Rodriguez Mgr | 245 NE 14 Street Unit 1906 Miami, FL 331 | 32 | | | |
| | | | | | |
| | - Aladia lime Kola | n a foreign language, a translation o | | | |
| | Signature of an authoriz | ¿d person | | | |
| | in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de | | | nation | ı |

Typed or printed name of signee

Nadjalisse Rodriguez, Mgr





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, **BLUKEY HOMES**, **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 June 27, 2016, and is in good standing in this state.

SEAL OF THE OF T

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 5, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160705-2109
You may verify this electronic certificate
online at http://www.nvsos.gov/