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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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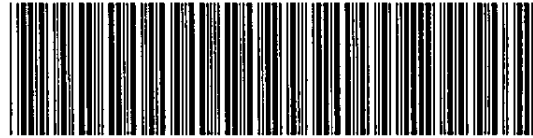
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS

MAR 22 2017

J. HARRIS

15061-CIM

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLUESTONE INSURANCE AGENCY LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**ROSANGELA F PENOTTO**

\_\_\_\_\_  
Name of Person

**BLUESTONE INSURANCE AGENCY**

\_\_\_\_\_  
Firm/Company

**8400 BUSTLETON AVE SUITE 204**

\_\_\_\_\_  
Address

**PHILADELPHIA, PA 19115**

\_\_\_\_\_  
City/State and Zip Code

**CONTACT@BLUESTONEIA.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ROSANGELA F PENOTTO**

**215**  
at ( )

**932-8816**

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2017

ROSANGELA F PENOTTO  
8400 BUSTLETON AVE SUITE 204  
PHILADELPHIA, PA 19115

SUBJECT: BLUESTONE INSURANCE AGENCY LLC  
Ref. Number: W17000019051

We have received your document for BLUESTONE INSURANCE AGENCY LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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 call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 617A00004303

2017 MAR 20 PM 3:24  
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DIVISION OF CORPORATIONS

17 MAR 20 AM 11:15  
FILED  
DIVISION OF CORPORATIONS

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:

1. BLUESTONE INSURANCE AGENCY LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

BLUESTONE INSURANCE AND MULTISERVICE 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. PHILADELPHIA, PA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-2004691

(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. 9616 DEDAKER ST

PHILADELPHIA, PA 19115

(Street Address of Principal Office)

6. 8400 BUSTLETON AVE SUITE 204

PHILADELPHIA, PA 19152

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ISABEL CRISTINA LOPES

Office Address: 2719 HOLLYWOOD AVE

HOLLYWOOD

(City)

Florida 33020

(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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Isabel Cristina Lopes  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ROSANGELA F PENOTTO (MGR) - 4616 DEDAKER ST, PHILADELPHIA, PA 19115

ISABEL CRISTINA LOPES (AMBR) 2719 HOLLYWOOD AVE, HOLLYWOOD, FL 33020

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]  
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.

ROSANGELA F PENOTTO

Typed or printed name of signer

FILED  
SECRETARY OF STATE  
17 MAR 20 AM 11:15

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

02/26/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BLUESTONE INSURANCE AGENCY LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Pedro A. Contes*

Secretary of the Commonwealth

Certification Number: TSC170226120035-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>