M17000004526

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: \$1055 00 WIN-44VA2 NO RA						

Office Use Only



500299404475

05/24/17--01016--032 **160.00

05/28/17--01023--027 **1055.00

CRETARY OF STATE

S Warren

MAY 2 6 2017



May 25, 2017

WILLIAM FRIEVATT 1815 PURDY AVENUE MIAMI BEACH, FL 33139

SUBJECT: BLENDCORE LLC Ref. Number: W17000044692

We have received your document for BLENDCORE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1055.00.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 317A00010600

COVER LETTER

TO:	Registration Section Division of Corporation	ıs.			
SUBJI	ECT: Blen	Core LLC. Name of L	imited Liability C	ompany	
The en	closed "Application by For nce, and check are submitte	eign Limited Liability Compa d to register the above referer	any for Authorizat aced foreign limite	ion to Tran ed liability	sact Business in Florida," Certificate o company to transact business in Florida
Please	return all correspondence c	oncerning this matter to the f	ollowing:		
	Wi	Main Frie	vall me of Person		
		e:-			
	1819	~ 0 n ~	m/Company		
	- Mi	AMI BEACH	Address FL 3	3313	9
	\	f@aobec	L COM for future annual	report noti	fication)
For fu	rther information concerning	g this matter, please call:			
	William Name of	Frievatt of Contact Person	at (305 Area Code	560 Dayt	O - 7227 ime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	-		Division of Registration Clifton But 2661 Execution	
Enclos	sed is a check for the follow ☐ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin	g Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Blend of the Line Line Limited Liability Company, "I.I.C.," or "LLC.") (Name bifordign Limited Liability Company, "II.L.C." or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "I.I.C." or "LLC.") 2. DELOGICAL LLC (Auracticiton under the law of which foreign limited liability company is organized) (Pet number, if applicable) (Pet number, if applicable) 5. IN IS Consultation (Spe sections 605 0904 & 605 0905, F.S. to determine penalty flability) (Street Address of Profesjal Office) WHAM: BEACH FL 33139 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1815 Pur dy NUMPL Office Address: 1815 Pur dy NUMPL

Registered agent's acceptance:

Having been named as registered agen, 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.

(Registered agent's signature)

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

Member

Name and Address:

Member

Name and Address:

Member

Title or Capacity:

Member

Tow Vandress:

2537 Narsau LN.
Fort Lauderdalt FL
33140

33312

(Use attachments if necessary)

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)

ignature of all authorized person

10. 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.

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BLENDCORE 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 EIGHTEENTH DAY OF MAY, A.D. 2017.

Authentication: 202560871

Date: 05-18-17

5281613 8300 SR# 20173682556