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WE THERE

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE <u>8-16-17</u> **WALK IN**

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	PLEASE FILE THE ATTACHED AND RETURN
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	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
	COUNTRY OF DESTINATION
	NUMBER OF CERTIFICATES REQUESTED

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO:		stration Section ion of Corporation	15			
SUBJEC		BLUE LAGOON II	VVESTMENTS, LLC			
000017	C		Name of	Limited Liability (Company	
The encl Existence	losed ' e, and	'Application by For check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	nnsact Business in Florida," Certificate o y company to transact business in Florid
Please re	eturn a	ill correspondence o	concerning this matter to the	following:		
		Joey Kelley				
			N	ame of Person		
		United Corpora	ite Services, Inc.			
			Fi	irm/Company		· · · · · · · · · · · · · · · · · · ·
		100 State Stree	t 8th Floor			
				Address		
		Albany NY 12	207			
		•	City/S	tate and Zip Code		
		David.Cadwallad	icr@weilsfargo.com			
		4	E-mail address: (to be used	d for future annual	report not	ification)
For furth	her inf	ormation concernin	g this matter, please call:			
	Joey	Kelley		877 at (894-90	49
		Name o	of Contact Person	Area Code	Day	time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301	
Enclosed		check for the follow 25.00 Filing Fee	ing amount: \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. BLUE LAGOON INV (Name of Foreign	ESTMENTS, LLC Limited Liability Company; must include "Limited	d Linbili	y Company," "L.L.C.," or "LLC.")			
Of name imagailable, enter alternate o	name adopted for the purpose of transacting business in Flor	rida Thou	Itempte name must include "I united Lis	hility Company " " I C	"or"I (• 10
2 Delaware	anne adopted for the purpose of transfering outsides in a con-	3		outly company, 5.15 c.	(A).1,0	. ,
	hich foreign limited limbility company is organized)	(FEI grant	er, if applicable)			
. Unon filing						
4. Upon filing	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registratio	1)			
72000.	(See sections 605,0904 & 605,0905, F.S. to determine	ne penalty				
5. 7 (Fibb Lane (Street Address of Principal Office)			7 Gibb Lane (Mailing Addi	rece)		
Islip NY 11751	,.		Islip NY 11751			
				\$ G.	- 1 55	
					 _	•••·(T')
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT	acceptable)		NG I	identos.
Name:	United Corporate Services, Inc.			33	σ,	\$
Office Address:	9200 South Dadeland Blvd Suite 508				A	, ,
Office Address.					é	, *****
	Miami (City)		, Florida 33156	<u> </u>	0	٠,
designated in this applica to comply with the provisi	rgistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's s	s regist and ca	cred agent and agree to act	in this capacity.	I furth	er agree
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who ha Name and Address:		authority to manage is/are: itle or Capacity:	Name and Ad	dress:	
Member	Doug Davis					
	7 Gibb Lane	- -				-
	Islip NY 11751	-				
		- -				
		-				
(Use attachments if neces	sary)					
jurisdiction under the law of the translator must be sulfill. This document is exec	uted in accordance with section 605.0203 of the Department of State constitutes a this	e is in a	foreign language, a translati , Florida Statutes. I am awar	on of the certific	ate und	er oath
	U		paravu			
	Joey Kelley, Authorized Person					

Typed or printed name at signee

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BLUE LAGOON INVESTMENTS, 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 SEVENTEENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE LAGOON INVESTMENTS, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202893759

Date: 07-17-17

6453119 8300 SR# 20175262063