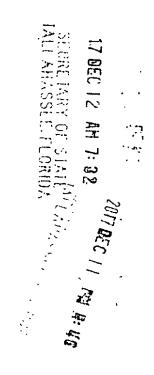
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: BLUE HAVEN HOLDINGS, LLC	
Name of Lin	nited Liability Company
	y for Authorization to Transact Business in Florida." Certificate of ed foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the fol	lowing:
Deborah J. Shoup	
Name	e of Person
BLUE HAVEN HOLDINGS, LLC	
Firm	Company
2709 FEIFFER CIR	
^	Address
SARASOTA, FL 34235	
City/State	and Zip Code
mouse3235@sbcglobal.net	
E-mail address: (to be used for	r future annual report notification)
For further information concerning this matter, please call:	
Deborah J. Shoup	nt (909) 380-2081
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
	□ \$155.00 Filing 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:

f name unavailable, enter a iability Company," "L.L.C.	Iternate name adopted for the purpose of transacting bus " or "ELC.")	siness in Florida. The alternate of	ame must inc	lude "Limited
NEVADA	3			
	of which foreign limited liability	(FEI number, if applicable	e)	
·	(Date first transacted business in Florida, if price	or to registration 1		
	(See sections 605.0904 & 605.0905, F.S. to deter	mine penalty liability)		
2709 FEIFFER CIR,	SARASOTA, FL 34235			
	(Street Address of Principal Office)			
2709 FEIFFER CIR,	SARASOTA, FL 34235		ور و منظر	
			- Eğ	17
	(Mailing Address)	<u> </u>	— <u>#</u> #	DEC
. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> acc	ceptable)	ASSE ASSE	27.
Name:	Registered Agents Inc.		. c	≥ :::
Office Address:	3030 N. Rocky Point Dr. STE 150A		LON VIS	 છા
	Tampa	. Florida 33607		8
- · · · · · · · · · · · · - · · · · · ·	(City)	, Florida 33607 (Zip code)	_>-	
aving been named as resignated in this applicate complywith the provision of the obligations of the name, title or cap	(City)	(Zip code) r the above stated limited lia ed agent and agree to act in to elete performance of my duti are) thority to manage is/are:	bility compo	any at the pl v. I further
Taving been named as reesignated in this applicate occupily with the provision of the obligations of the name, title or capa	(City) stance: egistered agent and to accept service of process for stion, I hereby accept the appointment as registered ons of all statutes relative to the proper and company position as registered agent. (Registered agent's signal acity and address of the person(s) who has/have au	(Zip code) r the above stated limited lia ed agent and agree to act in to elete performance of my duti are) thority to manage is/are:	bility compo	any at the pl v. I further
Taving been named as reesignated in this applicate occupily with the provision of the obligations of the name, title or capa	(City) stance: egistered agent and to accept service of process for stion, I hereby accept the appointment as registered ons of all statutes relative to the proper and company position as registered agent. (Registered agent's signal acity and address of the person(s) who has/have au	(Zip code) r the above stated limited lia ed agent and agree to act in to elete performance of my duti are) thority to manage is/are:	bility compo	any at the pl v. I further
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esignated in this applicate complywith the provision complywith the provision of the obligations of the name, title or capaleborah J. Shoup,	(City) Intance: Transce: Transce of all statutes relative to the proper and company position as registered agent. Transce of the person(s) who has/have authorise and address of the person(s) who has/have authorise of existence. Transce of the person of the p	(Zip code) r the above stated limited tia ed agent and agree to act in to elete performance of my duti are) thority to manage is/are: SOTA, FL 34235	bility composition of the compos	any at the pl y. I further w n familiar w f records in t

Typed or printed name of signee

Deborah J. Shoup

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 HAVEN HOLDINGS, 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 September 1, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 6, 2017.

Ballora K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171006-1569
You may verify this electronic certificate
online at http://www.nvsos.gov/