11/8000004869

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	-
(Ĉi	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		ı

Office Use Only



000313296750



TO MAY 21 AH 10: 47

K. SALY MAY 22 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 219892 5174517

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: May 21, 2018

ORDER TIME : 9:29 AM

ORDER NO. : 219892-005

CUSTOMER NO: 5174517

FOREIGN FILINGS

NAME: ORANGE AND BLUE APARTMENT

INVESTORS LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section

Division of Cor	porations		
	Blue Apartment Investors LLC		
	Name of	Limited Liability Company	
The enclosed "Application Existence, and check are	on by Foreign Limited Liability Comp submitted to register the above refer	pany for Authorization to Trenced foreign limited liabili	ansact Business in Florida," Certificate of ty company to transact business in Florida.
Please return all correspo	endence concerning this matter to the	following:	
David	E. Salmanson		
	N	ame of Person	· · · · · · · · · · · · · · · · · · ·
Salma	nson Capital, LLC		
	F	irm/Company	
3461 S	SW 2nd Avenue, Attn: Leasing Offic	ce	
		Address	
Gaines	sville, Florida 32607		
	City/S	tate and Zip Code	
david(@salmansoncapital.com		
	E-mail address: (to be use	d for future annual report no	otification)
For further information c	oncerning this matter, please call;		
David E. Salma		212 213-1: at ()	
	Name of Contact Person	Area Code Da	ytime Telephone Number
MAILING AD Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL	porations ation	Divisior Registra Clifton 2661 Ex	T ADDRESS: a of Corporations tion Section Building ecutive Center Circle usee, FL 32301
Enclosed is a check for the \$125.00 Filing		☐ \$155.00 Filing Fee & Certified Copy	☐ \$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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Jurisdiction under the law of which f			ility Company," "L.L.C," or "EEC.")
(Jurisdiction under the law of which f		3. N/A	
	reign limited liability company is organized)	(FEI number	r, if applicable)
Date of Filing			
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)	
c/o Salmanson Capital, LL	c	6. c/o Salmanson Capital, LLC	-40 6
(Street Address of Princi		(Mailing Addr 3461 SW 2nd Avenue, Attn	
3461 SW 2nd Avenue, Att			Leasing Office.
Gainesville, Florida 32607	<u> </u>	Gainesville, Florida 32607	
Name and street address of	Florida registered agent: (P.O. Box	NOT acceptable)	
Name: C	orporation Service Company		
12	O1 Have Street		写 2
Office Address: 14	01 Hays Street		
τ	allahassee	, Florida 32301	
<u></u>	(City)	(Zip code	e)
wing been named as regist signated in this application comply with the provisions d accept the obligations of	ce: ered agent and to accept service of p , I hereby accept the appointment as of all statutes relative to the proper imposition as registered agent. proporation Service Company (Registered agent)	s registered agent and agree to act and complete performance of my to	in this capacity. I further agr
aving been named as regists signated in this application comply with the provisions of accept the obligations of B. The name, title or capacity	ered agent and to accept service of p., I hereby accept the uppointment as of all statutes relative to the proper my position as registered agent. The properties of the person(s) who have the properties of the person(s) who have the person the person the person that the person the person that the pers	s registered agent and agree to act and complete performance of my a signature)	in this capacity. I further agri- luties, and I am familiar with Roxanne Turner Asst. Vice Preside
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ORANGE AND BLUE APARTMENT INVESTORS

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 TWENTY-FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORANGE AND BLUE APARTMENT INVESTORS LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY,

A.D. 2018.

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

18 MAY 21 AM 8: 25



Authentication: 202730536

Date: 05-21-18

6882949 8300 SR# 20184029751