M18000006500

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
MAIL WAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
2 min
2000 MS 150 W18-55493
Office Use Only



700314384047

06/12/18--01010--011 **125.00



O SIMMONS JUL 1 7 ZUIJ



June 14, 2018

JARED ESGUERRA 1111 BRICKELL BAY DR, APT 1807 MIAMI, FL 33131

SUBJECT: BLUE STAR MEDIA FL LLC

Ref. Number: W18000055492

We have received your document for BLUE STAR MEDIA FL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00012414

Octavia L Simmons Regulatory Specialist III

OD

COVER LETTER

TO:	Registration Section Division of Corporation	ons				
SHRI	BLUE STAR MEE					
3000	EC1		Limited Liability C	Company		
The er Existe	actosed "Application by Fonce, and check are submit	oreign Limited Liability Comp ted to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	ansact Business in Florida," Co y company to transact busines	ertificate of s in Florida.
Please	return all correspondence	concerning this matter to the	following:			
	jared esguerra					
	 	Na	ame of Person			
	n/a					
	1111 Brickell	Bay Drive Apt 1807				
			Address			
	Miami, FL 33	131				
		City/S	tate and Zip Code			
	jaredesguerra@	gmail.com				
		E-mail address: (to be used	for future annual	report no	lification)	
For fu	rther information concerni	ing this matter, please call:				
	jared esguerra		305 at (304330	2	
	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns		Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building secutive Center Circle see, FL 32301	
Enclo	sed is a check for the follo	owing amount: S130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Cert 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:

BLUE STAR MEDIA FL L If name unavailable, enter alternate nam WYOMING (Jurisdiction under the law of which 935 CATALONIA AVE (Street Address of Prin CORAL GABLES FL 33	th foreign limited liability com (Date first transacted bus) (See sections 605,0904 & APT 12 Design Office)	pany is ofganized)	3. 81-(0766228 (FEI m	Liability Company," "L.L.C," or "L.L.C.") umber, if applicable)
WYOMING Ourisdiction under the law of which 935 CATALONIA AVE (Street Address of Prince)	(Date first transacted business (See sections 605,0904 & APT 12 people of the part of the	pany is ofganized)	3. 81-(0766228 (FEI m	
935 CATALONIA AVE (Street Address of Prince)	(Date first transacted busi (See sections 605,0904 & APT 12 ocipal Office)		registration) ine penalty liability	(FEI m	umber, if applicable)
935 CATALONIA AVE (Street Address of Prin	(Date first transacted busi (See sections 605,0904 & APT 12 ocipal Office)			·	umber, if applicable)
(Street Address of Prin	APT 12 heipal Office)	ness in Flonda, if prior to 605 0905, F.S. to determi		<u> </u>	
(Street Address of Prin	APT 12 heipal Office)	ness in Flonda, if prior to 605 0905, F.S. to determi			
(Street Address of Prin	APT 12 heipal Office)			•	
(Street Address of Prin	ocipal Office)			CATALONIA AVE	ΔPT 12
CORAL GABLES FL 33	3134		6. 255	(Mailing A	
			COR	AL GABLES FL 33	3134 <u>تري</u> ح
					500
	· -			•	50 to 0
Name and street address	of Florida registered	agent: (P.O. Box	NOT accep	table)	10 A
	_	(**************************************		,	70
Name:	Sonia Zangoui	-		_	
Office Address:	935 CATALONIA A	VE APT 12		_	E r 8
_	N. 6 i i				,
•	Miami ————————	(City)		, Florida <u>33134</u>	code)
	of my position as reg				ted liability company at the p act in this capacity. I further ay duties, and I am familiar v
-		gistered agent.	and comple		ict in this capacity. I further
-	of my position as reg	distered agent. Thegistered seem's	r and comple	te performance of m	act in this capacity. I further my duties, and I am familiar v
•	of my position as reg	ristered agent. (Registered sent's e person(s) who ha	r and comple	erity to manage is/are	ect in this capacity. I further by duties, and I am familiar v constants
Title or Capacity:	of my position as reg ity and address of the Name and	Registered agent. (Registered agent's e person(s) who haddress:	r and comple	te performance of m	act in this capacity. I further my duties, and I am familiar v
•	ity and address of the Name and Sonia Zango	e person(s) who ha	r and comple	erity to manage is/are	ect in this capacity. I further by duties, and I am familiar v constants
Title or Capacity:	ity and address of the Name and Sonia Zango	e person(s) who ha	r and comple	erity to manage is/are	ect in this capacity. I further by duties, and I am familiar v constants
Title or Capacity:	ity and address of the Name and Sonia Zango	e person(s) who ha	r and comple	erity to manage is/are	ect in this capacity. I further by duties, and I am familiar v constants
Title or Capacity:	ity and address of the Name and Sonia Zango	e person(s) who ha	r and comple	erity to manage is/are	ect in this capacity. I further by duties, and I am familiar v constants
Title or Capacity:	ity and address of the Name and Sonia Zango	e person(s) who ha	r and comple	erity to manage is/are	ect in this capacity. I further by duties, and I am familiar v constants
	ity and address of the Name and Sonia Zango 935 Catalon Coral Gable	e person(s) who ha	r and comple	erity to manage is/are	ect in this capacity. I further by duties, and I am familiar v constants

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Blue Star Media LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 30, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000695907**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of June, 2018 at 10:58 AM. This certificate is assigned 026695326.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.