Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GARDNER BREWER MARTINEZ-MONFORT, P.A.

Account Number : 120060000058 Phone : (813)221-9600

Fax Number : (813)221-9611

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company BLUETIGER PROPERTIES, LLC

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COVER LETTER

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SUBJEC		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_	
		Name of .	Limited Liabilit	у Сопралу		
The enclo	osed "Application by Foreig , and check are submitted to	m Limited Liability Comp o register the above refere	pany for Authori enced foreign lir	ization to Transact Business in Florida, nited liability company to transact busi	." Certificate of iness in Florida	
Piease ret	um all correspondence con	cerning this matter to the	following:			
	ROBERT H. GIDI	EL, JR.				
		N:	ime of Person		-	
	GARDNER BREV	VER MARTINEZ-MONI	FORT, P.A.			
		Fi	nn/Company		-	
	400 N. ASHLEY DRIVE, SUITE 1100					
			Address		-	
	TAMPA, FL 3360	2				
		City/St	ate and Zip Cod	c	•	
	RGIDEL@GBMML					
	E.	mail address: (to be used	for future annua	al report notification)	•	
For further	r information concerning th	is matter, please call:				
L	DEE ARTHUR		813 at (221-9600		
_	Name of Co	ontact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations			STREET ADDRESS:			
	egistration Section			Division of Corporations Registration Section		
P.	O. Box 6327			Clifton Building		
T	ollohassec, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301		
	nclosed is a check for the fo case make check payable to		AENT OF STA	TE		
		3 \$130.00 Filing Fee &		Filing Fee & S160.00 Filing F	Cardiffacts	
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01/10/2019 17:36

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:

same usuvailable, enter alternate	name adopted for the purpose of transacting husiness in Florida	The attenuate name must include "Limited Liability C	ompeny." "L L.C."	ar LL	C .")
GEORGIA		1			
(funsdiction under the law of	which foreign limited hability company is organized)	3(FFI mumSer, if a	pplicable)		•
1/10/2019			4.5		
	(Date first transacted basiness in Florida, if prior to rep (See sections 605 0904 & 605 0905, F.S. to determine p	stration.)	<i>S</i> . ≥ ∞	2	
502 CEDAR CREEK	RIDGE RD.	602 CEDAR CREEK RIDGE R	.D.	ل 119	
(Street Address of	Principal Office)	6. (Mailes Address)		2	
HARTSBURG, MO 6	5039	HARTSBURG, MO 65039	SSEE WY	_	<u></u>
	**************************************		7	2	ć
			<u> </u>	_مِ	
Name and street addre	ss of Florida registered agent: (P.O. Box N	OT acceptable)	Ē.	<u>-</u>	
	ROBERT H. GIDEL, JR.				
Name:					
Name: Office Address:	400 N. ASHLEY DRIVE, SUITE 1100				
	400 N. ASHLEY DRIVE, SUITE 1100 TAMPA	33602 Florida			

(((H19000012078 3)))

	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: MITCHELL COOKE	Manager	Name: DAVID BURGESS
Member	Address: 602 CEDAR CREEK RIDGE.	☐ Member	Address: 602 CEDAR CREEK RIDG
☐Authorized		Authorized	
Person	HARTSBURG, MO 65039	Person	HARTSBURG, MO 65039
Other	Other	Other	Other
☐Manager	Name: ROBERT H. GIDEL, JR.	Manager	Name:
 Member	Address: 400 N. ASHLEY DR.	☐ Member	
Authorized	SUITE 1100	☐ Authorized	Address:
Person	TAMPA, FL 33602	Person	
Other		Other	
	Name:	☐ Manager	Name: SSA F
Authorized		☐ Authorized	F _S
Person		Person	22. H
Other	Other	Other	
ndexed individuals not a certiful control of the translator must on This document is	e an attachment to report more than six (6). The nay be added to the index when filing your Floricate of existence, no more than 90 days old, do law of which it is organized. (If the certificate be submitted) executed in accordance with section 605.0203 and to the Department of State constitutes a thir	rida Department of State a uly authenticated by the of is in a foreign language, a (1) (b), Florida Statutes, I	Annual Report form. official having custody of records in the a translation of the certificate under oath arm aware that any false information

From:Gardner Law Group

(((H19000012078 3)))

Control Number: 16020371

STATE OF GEORGIA

813 676 8080

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Robyn A. Crittenden, the Secretary of State of the State of Georgia, do hereby certify; under of my office that

> BlueTiger Properties, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number 16419379 Date Inc/Auth/Filed: 02/23/2016 Jurisdiction : Georgia Print Date : 01/10/2019 Form Number : 211

Robyn A. Crittenden Secretary of State

by Q. Criterden