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(Document Number)
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2019 MAY 28 PM 4: 13 SECRE TARY OF STATE FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2019

d.

JOSHUA HOWES 10348 BLUE GRASS PARKWAY LOUISVILLE, KY 40299

SUBJECT: BLUE ENERGY DESIGN, PLLC Ref. Number: W19000047561

We have received your document for BLUE ENERGY DESIGN, PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An accepatable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Yvette Scott Document Specialist II

Letter Number: 119A00009740

# RECEIVED

MAY 2.8 2019

www.sunbiz.org

Division of Companytians DO DOV 6207 Wellshamon Flowids 20214

### COVER LETTER

TO: Registration Section Division of Corporations

Blue Energy Design, LLC

SUBJECT: \_

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Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Joshua Howes								
		<u> </u>	Name of	Person			- <b>1</b>	20	
	Blue Energy Gr	oup, LLC					SECR	2019 HAY 28	Т
			Firm/Cor	пралу			HAS	- Y 2	F
	10348 Bluegras	s Parkway					SEE	B PI	٢
			Addr	ess			FLO	B PH 4: 13	(
	Louisville, KY	40299					RIDE	II II	•
	<u></u>		City/State and	l Zip Code			X_	_	
	josh@bluergy.cor	m							
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Josh F MAIL Divisio Regisu P.O. B Tallaha Enclos	Name of ING ADDRESS: on of Corporations ration Section Sox 6327 assee, FL 32314 red is a check for th	g this matter, please o	call: at (	02 Area Code	792-7575 e Daytime STREET AL Division of C Registration S Clifton Build 2661 Executi Tallahassee, I	e Telephone <u>DDRESS:</u> Corporations Section ing ve Center C	\$	-	

## 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreig	LLC n Limited Liability Company; must include "Li	imited Liability Company," "L.L.C.," or "E	.I.C.")			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limu	ted Liability Company," "L.L.C," or "LI.C."}			
Kentucky		2				
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FE	il number, il applicable)			
4						
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605.0905, F.S. to de	or to registration.) stermine penalty liability)				
10348 Bluegrass Park 5.	(Way Principal Office)	6(Mailing Address)				
(Street Address of	Principal Office)	(Mailr	ng Address)			
Louisville, KY 40299	)	Louisville, KY 40299	)			
			2019 HAY			
7. Name and <u>street addre</u>	ess of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)				
Name:	Registered Agents Inc.		PH L:			
Office Address:	7901 4th St N. Ste 300		IIE IDA			
	St. Petersburg	33702 , Florida	2			
	(Cny)		(up code)			

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

S. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

.

Title or Capacity:	Name and Address;	<u>Title or Capacity:</u>	
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized	Louisville, KY 40299	Authorized	Louisville, KY 40299
Person		Person	
Other	Other	Other	Other
Manager	Name:	🗌 Manager	Name:
Member	Address:	Member	Address:
Authorized	······	Authorized	
Person		Person	
Other	Other	Other	A Chier _ 2019
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Manager	Name:	🗌 Manager	
Member	Address:	Member	Address:
Authorized	- <u></u>	Authorized	
Person		Person	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Joshua Howes

Typed or printed name of signee

### Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

**Certificate of Existence** 

Authentication number: 215242 Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### **BLUE ENERGY DESIGN, PLLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is January 25, 2017 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 30<sup>th</sup> day of April, 2019, in the 227<sup>th</sup> year of the Commonwealth.





Alison Lundergań Grimes Secretary of State Commonwealth of Kentucky 215242/0974416