

M20000003403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

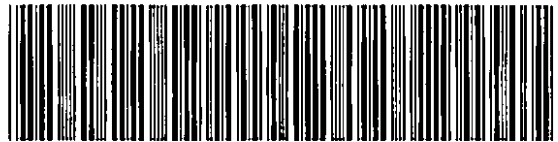
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300341984393

03/16/20--01022--031 **160.00

FILED
2020 APR -2 PM 3:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 02 2020

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

Blue Skies HD Video & Film Productions, LLC

SUBJECT: _____
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:

Julie T Hedrick

Name of Person

Blue Skies HD Video & Film Productions, LLC

Firm/Company

1062 Autumn Meadows Dr

Address

Westerville, OH 43081

City/State and Zip Code

info@blueskieshd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Hedrick

614

890-4045

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Blue Skies HD Video & Film Productions, L.L.C.

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
Franklin County, Ohio EIN: 30-0835088

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

None

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1062 Autumn Meadows Dr

1062 Autumn Meadows Dr

5. _____
(Street Address of Principal Office)

Westerville, OH 43081

6. _____
(Mailing Address)

Westerville, OH 43081

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Chris Hedrick

Name: _____

5217 81st St N Unit 4

Office Address: _____

St. Petersburg

33709

_____, Florida _____
(City) (Zip 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)

2020 APR -2 PM 3:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

8. 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]:

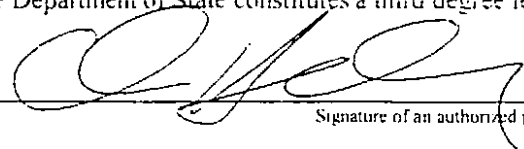
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Christopher Hedrick	<input checked="" type="checkbox"/> Manager	Name:	Julie Hedrick		
<input type="checkbox"/> Member	Address:	1062 Autumn Meadows	<input type="checkbox"/> Member	Address:	1062 Autumn Meadows		
<input checked="" type="checkbox"/> Authorized		Westerville, OH 43081	<input checked="" type="checkbox"/> Authorized		Westerville, OH 43081		
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				

FILED
2020 APR -2 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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
Chris Hedrick

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show BLUE SKIES HD VIDEO & FILM PRODUCTIONS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1909809, was organized within the State of Ohio on January 20, 2010, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of March, A.D. 2020.

A black rectangular box containing a white, stylized cursive signature that reads "Frank LaRose".

Ohio Secretary of State

Validation Number: 202007002972



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2020

JULIE T HEDRICK
BLUE SKIES HD VIDEO & FILM PRODUCTIONS, L
1062 AUTUMN MEADOWS DR
WESTERVILLE, OH 43081 US

SUBJECT: BLUE SKIES HD VIDEO & FILM PRODUCTIONS, LLC
Ref. Number: W20000029637

We have received your document for BLUE SKIES HD VIDEO & FILM PRODUCTIONS, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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

Laura D Chang
Regulatory Specialist II

Letter Number: 020A00006140

Done.
Please see enclosed
Thank you.

RECEIVED

APR 02 2020