

M20000010618

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

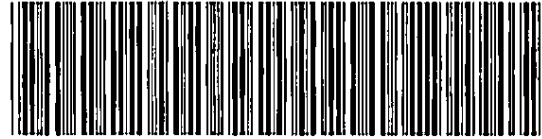
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W20000123565
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10/19/20--01032--071 **125.00

2020.11.19 11:54

11/19/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HICKORY HARBOUR UNIT 214 LLC

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:

SUSAN N. HAYES, ESQ.

Name of Person

J.C. DeBOARD & CO., LPA

Firm/Company

5878 NORTH HIGH STREET

Address

WORTHINGTON, OHIO 43085

City/State and Zip Code

SBCLARK.238@GMAIL.COM

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

For further information concerning this matter, please call:

SUSAN N. HAYES, ESQ.

614

847-1660

Name of Contact Person

at ()

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

2008-11-13 PM 7:54

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:

1. HICKORY HARBOUR UNIT 214 LLC
(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."

2. OHIO 3. 85-2998281
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 2, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7835 WINDY HILL COURT 6. 7835 WINDY HILL COURT
(Street Address of Principal Office) (Mailing Address)
DUBLIN, OHIO 43016 DUBLIN, OHIO 43016

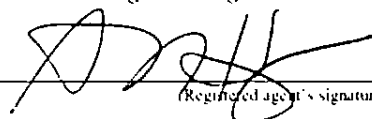
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SUSAN N. HAYES, ESQ.
Office Address: 931 PADDINGTON TERRACE
LAKE MARY, Florida 32746
(City) (Zip code)

2020 NOV -3 PM 7:54

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)

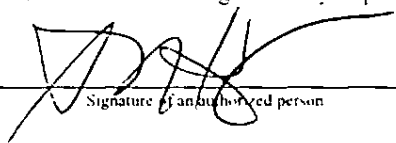
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: <u>SUSAN N. CLARK</u> | <input checked="" type="checkbox"/> Manager | Name: <u>NANCY CHABOT</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>7835 WINDY HILL COURT</u> | <input checked="" type="checkbox"/> Member | Address: <u>1031 STREAM RIDGE LANE</u> |
| <input type="checkbox"/> Authorized | <u>DUBLIN, OHIO 43016</u> | <input type="checkbox"/> Authorized | <u>CINCINNATI, OHIO 45255</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <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"/> 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"/> Other _____ | <input type="checkbox"/> Other _____ |

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
SUSAN N. HAYES, ESQ.

Typed or printed name of signer

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 HICKORY HARBOUR UNIT 214 LLC, an Ohio For Profit Limited Liability Company, Registration Number 4521062, was organized within the State of Ohio on August 6, 2020, 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 21st day of October, A.D. 2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202029503648

2020 OCT 21 PM 7:54



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2020

SUSAN N HAYES
5878 NORTH HIGH STREET
WORTHINGTON, OH 43085 US

SUBJECT: HICKORY HARBOUR UNIT 214 LLC
Ref. Number: W20000123565

We have received your document for HICKORY HARBOUR UNIT 214 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):

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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 620A00021175

RECEIVED
NOV 03 2020

120 0000 58569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

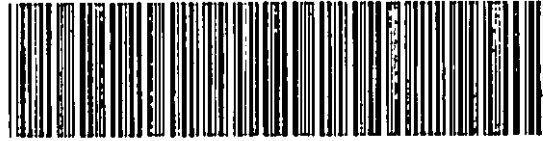
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

pecial Instructions to Filing Officer:

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07/24/20--01025--028 **25.00

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JUL 21 2020

2020 SEP -2 PM 7:50
TALLAHASSEE, FL

2020 SEP -2 PM 7:50

FILED

D. BRUCE
OCT 16 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2020

CHILINE PIERRE
510 NW 98TH STREET
MIAMI, FL 33150

SUBJECT: BLEUKOLLECTION, LLC
Ref. Number: L20000058569

We have received your document for BLEUKOLLECTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 820A00017386

2020 SEP 13 PM 7:50
TALLAHASSEE, FL

2020 SEP -2 PM 7:50

FILED

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT:

Blew Kollection

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chiline PIERRE

Name of Person

Firm/Company

510 N W 98TH Street

Address

Miami Florida 33150

City/State and Zip Code

blewkollection@gmail.com

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

For further information concerning this matter, please call:

Chiline PIERRE

Name of Person

at (954)

Area Code

618-3577

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

RECEIVED

OCT 14 2020

TALLAHASSEE, FL

2020 SEP - 2 PM 7:50

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BleuKollection

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/20/20 and assigned Florida document number L20000058569.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

Bleu Kollection, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

N/A

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

N/A

FILED
2020 SEP -2 PM 1:50
TALLAHASSEE
FLORIDA

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Chilire PIERRE

New Registered Office Address:

510 NW 98TH Street

Enter Florida street address

Miami Florida

City

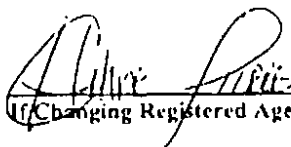
Florida

33150

Zip Code

With Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



(If Changing Registered Agent, Signature of New Registered Agent)

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

ABR = Authorized Member

| <u>He</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|----------------------------------|--|
| Owner Mgr | Choline PIERRE | 510 NW 98 th Street | <input checked="" type="checkbox"/> Add |
| | | Miami FL 33150 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| GR | Jean Pétion | 2630 NW 124 th Street | <input checked="" type="checkbox"/> Add |
| | | Miami FL 33167 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| ABR | Chacelle PIERRE | 510 NW 98 th Street | <input type="checkbox"/> Add |
| | | Miami FL 33150 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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SECRET
FALL 2020

2020 SEP - 2
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Remove

FILED

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please add space between Bleu and Kollection.

FILED
2020 SEP 12 PM 7:50
FALLS CHURCH, VA

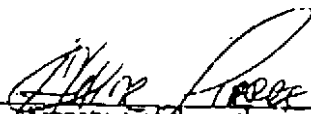
Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

: record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated _____



Signature of the authorized representative

Chelene Pierce

Typed or printed name of signee

Filing Fee: \$25.00