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1(Corpor	AME(S) & DOCUMENT NUMBER(S), (if known): ation Name) (Document #)	
3(Corpo	ration Name) (Document #) ration Name) (Document #)	
☐ Walk in ☐ Mail out NEW FILINGS	Pick up time Certified Copy Will wait Photocopy Certificate of Status AMENDMENTS Amendment	SECRETARY OF CORP. 98 OCT 15 PM
Profit NonProfit Limited Liability Domestication Other	Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger Name	STATE ORATIONS 2: 15
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION: Foreign Limited Partnership Reinstatement Trademark Other Availability Document Examiner Updater Updater Venityer Venityer Acknowledgemen Vv. P. Venityer	
CR2E031(1/95)	Examiner's Initials	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: RETIREMENT FUND CHIP VALUE Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." If not so contained in the name at present.) DELAWARE
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 2. DELAWARE company is organized) 5. PERPETUAL (Duration: Year limited Hability company will cease to Date of Organization) exist or "perpetual") Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) RANCHO DRIVE *8913*0 LAS VEGAS 8. List name, title, and business address of each managing member[MGRM] or manager[MGR]who will manage the foreign limited liability company in Florida: (attach additional page if necessary) TITLE: NAME & ADDRESS: NAME & ADDRESS: TITLE: JERRY L. KEITER 4410 N. RANCHO DR. LAS VEGAS. NU.

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

State of Delaware

PAGE

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE CHIP VALUE RETIREMENT FUND, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE THE NINTH DAY OF OCTOBER,

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2922340 8300 981392184



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Lin	nited Liability C	Company is:		
BILLE	CHIP	VALUE	RETIREMENT	FUND	LLC

2. The name and the Florida street address of the registered agent and office are:

(Signature)

Jon Solow		
(Name) 7416 S.W. 48 Street, So: to B Florida street address (P.O. Box NOT ACCEPTABLE) Miauci, FL 33155 Eity/State/Zip	98 OCT 15 PM 2: 15	FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of BCUE C	HIP	
WALUE RETIREMENT FUND LCCcertifies:		
1) the above named limited liability company has at least one member;		
2) the total amount of cash contributed by the member(s) is	\$/000	<i></i> ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$ <u> </u>	· · · · · · · · · · · · · · · · · · ·
and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ <u>/000</u>	<u></u> .
Signature of a member or an authorized representative of a mem (in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	iber.	
JERRY C. REITER Typed or printed name of signee	98	DIVIS
Typed or printed name of signee	OCT 15 PM 2: 1	ECRETARY OF STAT
Filing Fee: \$250.00 for Application and Affidavit	t on	ONS