

L140000 11379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

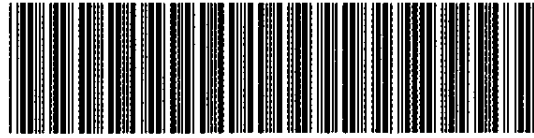
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/16/14--01002--011 #155.00

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SUFFOLK COUNTY OF FLORIDA
2014 JAN 16 PM 11:31

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 JAN 21 AM 10:06

5-PS-ATTN

JAN 22 2013

T. HAMPTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BLUE LINE BUILDING PARTNERS, LLC

- _____ Art of Inc. File_____
- _____ LTD Partnership File_____
- _____ Foreign Corp. File_____
- _____ L.C. File_____
- _____ Fictitious Name File_____
- _____ Trade/Service Mark_____
- _____ Merger File_____
- _____ Art. of Amend. File_____
- _____ RA Resignation_____
- _____ Dissolution / Withdrawal_____
- _____ Annual Report / Reinstatement_____
- _____ Cert. Copy_____
- _____ Photo Copy_____
- _____ Certificate of Good Standing_____
- _____ Certificate of Status_____
- _____ Certificate of Fictitious Name_____
- _____ Corp Record Search_____
- _____ Officer Search_____
- _____ Fictitious Search_____
- _____ Fictitious Owner Search_____
- _____ Vehicle Search_____
- _____ Driving Record_____
- _____ UCC 1 or 3 File_____
- _____ UCC 11 Search_____
- _____ UCC 11 Retrieval_____
- _____ Courier_____

Signature _____

Requested by: BA

01/17/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

JAN 21 AM 11:37
DIVISION OF CORPORATIONS

January 17, 2014

CAPITAL CONNECTION INC
SETH

SUBJECT: BLUE LINE BUILDERS LLC
Ref. Number: W14000003523

We have received your document for BLUE LINE BUILDERS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer 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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 214A00001203

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: BLUE LINE BUILDING PARTNERS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
302 NW SOMERSET CIRCLE
PORT SAINT LUCIE, FL 34983

Mailing Address:
302 NW SOMERSET CIRCLE
PORT SAINT LUCIE, FL 34983

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent

**PABLO M. NICOLINI
302 NW SOMERSET CIRCLE
PORT SAINT LUCIE, FL 34983**

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 as provided for in Chapter 605 Florida Statutes..



Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 21 AM 10:06

FILED

ARTICLE IV - Management

The name and address of the initial Managers and/or Managing Members are:

Title:

Name & Address:

Authorized Member:

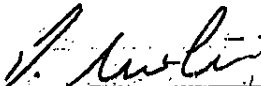
**PABLO M. NICOLINI
302 NW SOMERSET CIRCLE
PORT SAINT LUCIE, FL 34983**

Authorized Member:

**JEFF DES LAURIERS
9000 SHORT CHIP CIRCLE
PORT SAINT LUCIE, FL 34986**

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PABLO M. NICOLINI

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2014 JAN 21 AM 10: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED