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June 3, 2016

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

Re: BLUE NIGHT OWL, LLC

Dear Secretary of State:

Enclosed for filing is an **original and a counterpart** of the Articles of Organization of BLUE NIGHT OWL, LLC and Statement of Registered Agent and Registered Office.

Also enclosed is check number 10168 in the amount of \$155.00, representing your filing fee of \$125.00 and \$30.00 for a certified copy. Please return a certified copy of the Articles of Organization to the undersigned in the stamped self-addressed envelope enclosed for your convenience.

If you have any questions, please feel free to call.

Very truly yours,

Victoria J.

VJA:dm Enclosures

#### **ARTICLES OF ORGANIZATION**

#### **OF**

#### **BLUE NIGHT OWL, LLC**

The undersigned hereby certifies that the members named herein have associated together for the purpose of becoming a Limited Liability Company under Chapter 605, Florida Statutes (the Florida Limited Liability Company Act), providing for the formation, rights, privileges and immunities of limited liability companies for profit and the following Articles of Organization are hereby adopted.

# ARTICLE I. NAME

The name of the limited liability company (the "Company") shall be **BLUE NIGHT OWL, LLC**.

## ARTICLE II. MAILING AND STREET ADDRESS

The mailing and street address of the Company is 8264 Wild Oaks Way, Largo, Florida 33733.

# ARTICLE III. DURATION; EFFECTIVE DATE

In accordance with Section 605.0207, Florida Statutes, the existence of this Company shall commence upon the filing of these Articles of Organization by the Department of State. The existence of this Company thereafter shall be perpetual.

# ARTICLE IV. INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Company is **8264 Wild Oaks Way**, **Largo**, **Florida 33733**, and the name of its initial registered agent at such address is **TIM WEIZENECKER**.

### ARTICLE V. PURPOSE

This Company is organized for the purpose or purposes of engaging in any activity within the purposes for which a limited liability company may be formed under the Florida Limited Liability Company Act, including matters incidental or pertaining to, or connected with, such purposes, provided the same shall not be inconsistent with the laws of the State of Florida.

## ARTICLE VI. MANAGEMENT

The name and address of each person authorized to manage and control the Company:

**MGR** 

TIM WEIZENECKER 8264 Wild Oaks Way Largo, Florida 33733

Bv:

Executed by the undersigned on the \\_ day of May, 2016.

VICTORIA JALVAREZ,

Authorized Representative

## STATEMENT OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113, Florida Statutes, **BLUE NIGHT OWL**, **LLC**, a limited liability company organized under the laws of the State of Florida, submits the following statement to designate its Registered Agent and Registered Office in the State of Florida.

The name and address of the Registered Agent and Registered Office are:

TIM WEIZENECKER 8264 Wild Oaks Way Largo, Florida 33733

Having been named as Registered Agent and to accept service of process for **BLUE NIGHT OWL**, **LLC** in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I am familiar with and accept the obligations of my position as Registered Agent. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as Registered Agent.

TIM WEIZENECKER

Date: May 17, 2016