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SECRETARY OF STATE

D. BRUCE

OCT 5 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of	Corporations		:		
SUBJECT:	Blancl	here Enterprises, LLC			
5000ECT		nited Liability Company			
The enclosed Article	es of Organization and fee(s) an	e submitted for filing.			
Picase return all corr	respondence concerning this ma	atter to the following:			
		Tina Boyce		-	
		Name of Person	;}		
	Strategic Co	orporate Services Plus, Inc.			
		Firm/Company		-	
	1500	Avenue F, Suite 3			
		Address	; ;	•	
	1	Ely, NV. 89301	j		
		City/State and Zip Code	<u> </u>		
		yce@sfstaxes.com	- E	5	
For further informati	E-mail address: (to be used on concerning this matter, plea	I for future annual report notification) se call:	CRETA	007	#1
	lina Boyce	at (<u>866</u>) 310-7269		-4 PM J: 0	ľ
Na	ne of Person	Area Code & Daytime Telephone Nur	FLC FLC		C
Enclosed is a check	for the following amount:		ATE	සි	
_\$125.00 Filing Fcc	Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified	Filing Fee, ate of Status & Copy at copy is enclosed	ı	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kigh/	-bar- Cutamaniana II C	
(Must and with the w	chere Enterprises, LLC ords "Limited Limbility Company," "L.L.C" or	"LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:	
20159 NW 58th Court Hialeah, FL, 33015	20159 NW 58th (Hialeah, FL 330:	· -· ·
(The Limited Liability Company cannot se business entity with an active Florida regi	ent, Registered Office, & Registerer rve as its own Registered Agent. You must design stration.) address of the registered agent are:	
	Straider Blanchere	
	Name	₩ 6 -
	20159 NW 58th Court	T. T.
Florida si	treet address (P.O. Box NOT acceptable)	T SERY + F
His	aleah, _{FL} 33015	
 	City, State, and Zip	
Having been named as registere	ed agent and to accept service of proce designated in this certificate, I hereb	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mas "MGRM" = M	nager Ianaging Member	Name and Address:	
MGRM		Straider Blanchere	·
	·- 	20159 NW 58th Court	
		Hialeah, FL 33015	······································
	 -		
			
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(Use attachme	at if necessary)		
		nte of filing: pecific and cannot be more than five	(OPTIONAL)
<u>required</u> s	GIGNATURE:	8 nalula	
	Signature of a member of	an authorized representative of a memb	er. Au
	(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perion are true.)	Wy SC C T
	S	traider Blanchere	ARY SSEE
		or printed name of signee	The ar in
Filing Fee	<u>191</u>		CS
of Re	; Fee for Articles of Organiz gistered Agent fied Copy (Optional)	ation and Designation	TATE ORIDA
	ficate of Status (Optional)		