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SECRETARY OF SIAIR
TALLAHASSEE FINAIR

03-1916

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Seahorse Induction, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laurie Billeaud
Name of Person
Blue Seahorse Production
Firm/Company
1226 Deer foot Point Cik, Unit 1
Address
St. Petersb Jacksonville, FL 32256
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laurie Billeaud at (954) 303-3889 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
<u> </u>
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5725 2nd AM N. St. Petersburg, FL 33710	7226 Deerfoot Point Circle Unit 1 Jacksonville, FL 32256
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a Lauric Name 5725 200 Florida street address (P.O.	Ave N. Box NOT acceptable) SECRETARY OF SE
St. Petersburg City	FL 337/0 EST 5
Having been named as registered agent and to accept service of preplace designated in this certificate. I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registered Agency and Agenc	t as registered agent and agree to act in this capacity. I o the proper and complete performance of my duties, and I

(CONTINUED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Lauren Billiand
MGR_	- LAWRIE DILLYAMA
	St. Petershurg, FL 337/0
	31. FOLO 30009 FFE 35 110
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ective date is listed, the date must l of filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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E V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Departre E VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records. August Britanna august 1990 and 1990 a
E V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Departre E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.
E V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Departre E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. A member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State

ARTICLE IV-