# L0200001334

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

: (850)205-0383· Fax Number

From:

: M. BURR KEIM COMPANY Account Name

Account Number: I19990000242 : (215)563-B113 Fax Number

: (215)977-9386

# LIMITED LIABILITY COMPANY

Name Availability	
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.F. Verifyer

BLUE RIBBON ENTERPRISES, LLC

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Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: BLUE RIBBON ENTERPRISES, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 15780 N.W. 16th Avenue, Citra, FL 32113

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

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

Gillian Ann Reid

Name

15780 N.W. 16th Avenue

Florida street address (P.O. Box NOT acceptable)

Citra FL 32113

City, State, and Zip

Laving been named as registered agent and to accept service of process for the apability company at the place designated in this certificate, I hereby accept the ap

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 gli 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 608, F.S.



Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or of authorized suprementative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gillian Ann Reid

Typed or printed name of signee

#### 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)