L03000005797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900011120039

FILED
03 FEB 14 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 928010 7103152

AUTHORIZATION : Patricia Price

COST LIMIT : $ 125.00

FILED
03 FEB 14 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

---

ORDER DATE : February 11, 2003

ORDER TIME : 10:49 AM

ORDER NO. : 928010-005

CUSTOMER NO: 7103152

CUSTOMER: Ms. Abby Price
Goodlette Coleman & Johnson,
P.a.
Suite 300
4001 Tamiami Trail North
Naples, FL 34103

---

DOMESTIC FILING

NAME: BLUE GULF, LLC

EFFECTIVE DATE:

RECEIVED
03 FEB 14 PM 2:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS: _____

FILED
03 FEB 14 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

BLUE GULF, LLC

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

7621 BAY COLONY DR., NAPLES, FL 34109

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

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

KEVIN G. COLEMAN, ESQ
Name

6001 TAMIAMI TRAIL NORTH, SUITE 300
Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34103
City, State, and Zip

*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 608, F.S.*

KEVIN G. COLEMAN, ESQ.
By: _____
Registered Agent's Signature

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

_____
Signature of a member or an authorized representative 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.)

THOMAS R. GALLOWAY
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)

BLUE GULF, LLC

FILED
03 FEB 14 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MANAGING MANAGERS

THOMAS GALLOWAY

7621 BAY COLONY DR.
NAPLES, FL 34109