

L03000005797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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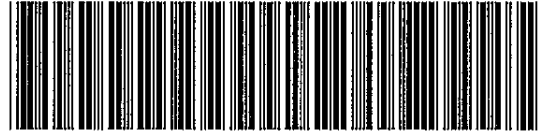
(Business Entity Name)

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ACCOUNT NO. : 072100000032

REFERENCE : 928010 7103152

AUTHORIZATION :

COST LIMIT : \$ 125.00

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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:

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: _____

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DIVISION OF CORPORATIONS
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GOODLETTE COLEMAN

Fax:239-435-1218

Feb 14 2003 9:30

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Feb-13-Q3 04:20P Tom*Connie Galloway

941 594 7913
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FILE No.386 02/12 '03 15:14 ID:CSC TALLAHASSEE

FAX:850 5211010

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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

4001 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 signer

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)

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BLUE GULF, LLC

MANAGING MANAGERS

THOMAS GALLOWAY

7621 BAY COLONY DR.
NAPLES, FL 34109

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