

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

1. Entity Name  
BLUEVIEW, L.L.C.



**Mailing Address**  
18767 BISCAYNE BLVD.  
MIAMI, FL 33180

**DO NOT WRITE IN THIS SPACE**



CR2E083 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

M & W AGENTS, INC.  
2101 CORPORATE BLVD., STE. 107  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

TITLE	MGRM
NAME	COHEN, ABRAHAM
STREET ADDRESS	18767 BISCAYNE BLVD
CITY - ST - ZIP	AVENTURA, FL 33180

TITLE	MGRM
NAME	KAUFMAN, JERRY
STREET ADDRESS	18767 BISCAYNE BLVD
CITY - ST - ZIP	AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** [Signature] 7/Δ7  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone #