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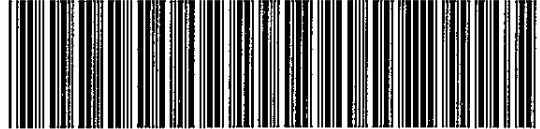
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SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE FISH ENTERPRISES, 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:

JASON B. WELSH

(Name of Person)

BLUE FISH ENTERPRISES, LLC

(Firm/Company)

P.O. Box 812

~~1517 GLEN HOLLOW LN~~

(Address)

DUNEDIN, FL ~~33511~~ 34697-0812

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON B. WELSH

(Name of Person)

at (727) 736-0301

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

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

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

1547 GLEN HOLLOW LN N  
DUNEDIN, FL 34698

#### Mailing Address:

Same P.O. Box 812  
DUNEDIN, FL 34697-0812


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

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

JASON B. WELSH  
Name  
1547 GLEN HOLLOW LANE NORTH  
Florida street address (P.O. Box **NOT** acceptable)  
DUNEDIN FL 34698  
City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JASON B. WELSH  
1547 GLEN HOLLOW LN N  
DUNEDIN, FL 34698

MGR

ANN J. WELSH  
1547 GLEN HOLLOW LN N  
DUNEDIN, FL 34698

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

JASON B. WELSH  
\_\_\_\_\_  
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)**