

LO20000045184

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000319555 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED LIABILITY COMPANY

Blue Star Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
03 NOV 18 AM 11:07

Electronic Filing Menu

Corporate Filing

Public Access Help

11-18-03

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I – Name

The name of the Limited Liability Company is:

Blue Star Investments, LLC

ARTICLE II – Address:

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

975 El Dorado, Clearwater, Florida 33767

**ARTICLE III – Registered Agent, Registered Office, & Registered
Agent's Signature**

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

Ted Remak

975 El Dorado, Clearwater, Florida 33767

*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 obligation of my position as
registered agent as provided for in Chapter 608, F.S.*

By:  Ted Remak, registered agent

03 NOV 18 PM 12:31
A-11
11/18/18


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)

James J. Jackson
Typed or printed name of signee

03 NOV 18 PM 12:31
11-18-18