

L03000051915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

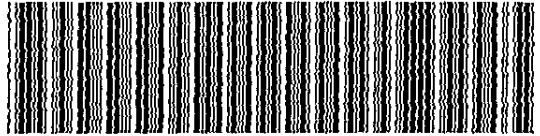
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name	
Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Office Use Only



100024995891

12/01/03--01099--004 **125.1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -1 AM 8:07

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORAL BLUE, 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:

William M. Hardy
(Name of Person)

(Firm/Company)

133 Lisbon Ct
(Address)

Islamorada, FL 33036
(City/State and Zip Code)

For further information concerning this matter, please call:

Francis E. Jordan at (860) 633-1596
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC - 1 AM 8:07

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:

CORAL BLUE, LLC

ARTICLE II - Address:

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

Principal Office Address:

133 Lisbon Ct

Islamorada, FL 33036

Mailing Address:

133 Lisbon Ct

Islamorada, FL 33036

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

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

William M. Hardy

Name

133 Lisbon Ct

Florida street address (P.O. Box **NOT** acceptable)

Islamorada FLORIDA 33036

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC - 1 AM 8:07

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, Florida Statutes..

William M. Hardy
Registered Agent's Signature

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:

MGRM

William M. Hardy

133 Lisbon CT

Islamorada, FL 33036

(Use attachment if necessary)

03 DEC -11 AM 8:07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

REQUIRED SIGNATURE:

William M. Hardy

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.)

William M. Hardy

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)