

L04 000008987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

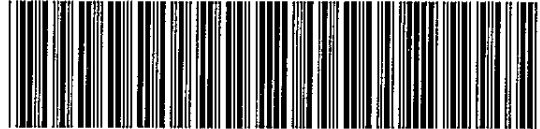
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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02/03/04--01019--010 \*\*155.00

*[Handwritten signature]*

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RECEIVED  
24 FEB -3 AM 10:08  
STATE  
OFFICE OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 FEB -3 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Charter Number Only

VALIDATION ONLY

FILED  
04 FEB -3 PM 12:21  
SECRETARY OF STATE  
HALLMARK CENTER  
INDIANAPOLIS, IN 46204

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Blue sky financial SUS, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

CERTIFIED COPY



Empire Toll Free: 1-800-432-3028

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

FILED  
04 FEB -3 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Blue Sky Financial Svs. LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4906 NW 82 Ave

Lauderhill, Fla. 33351

**Mailing Address:**

4906 NW 82 Ave

Lauderhill, Fla. 33351

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

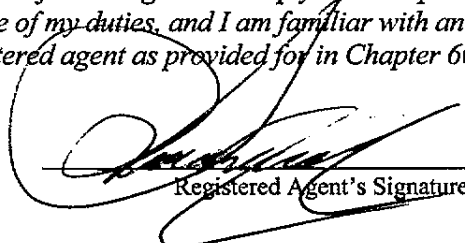
The name and the Florida street address of the registered agent are:

Luke Joseph  
Name

4906 NW 82 Ave  
Florida street address (P.O. Box NOT acceptable)

Lauderhill FLORIDA 33351  
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, Florida Statutes..*

  
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:**

MGR.

Luke Joseph  
4906 NW 82 Ave  
Laudenhill, Fla. 33351

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

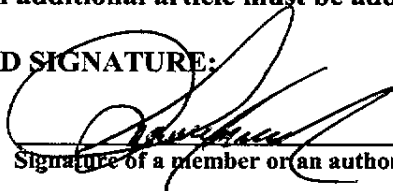
\_\_\_\_\_

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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.)

LUKE JOSEPH.  
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)**

\$155.

Sec. of State