

L04000014694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

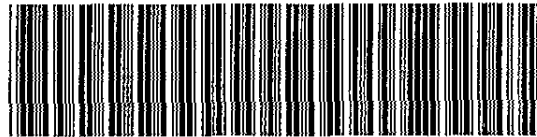
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900028810289

02/25/04--01001--017 **125.00

RECEIVED
04 FEB 24 PM 3:16
DIVISION OF CORPORATION

FILED
04 FEB 24 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

js

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE EAGLE 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:

RONALD GAGLIARDI JR.
(Name of Person)

BLUE EAGLE ENTERPRISES
(Firm/Company)

PO Box 74
(Address)

ST. MARKS FL 32355
(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE HOOVER at (850) 251-1504
(Name of Person) (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

FILED
04 FEB 24 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUE EAGLE ENTERPRISES LLC

ARTICLE II - Address:

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

Principal Office Address:

109 SYLVANIA AVE
ST MARK FL 32355

Mailing Address:

BLUE EAGLE ENTERPRISES
PO BOX
PO BOX 74
ST MARKS FL 32355

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

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

RONALD GAGLIARDI JR.
Name

109 SYLVANIA AVE.
Florida street address (P.O. Box NOT acceptable)

ST. MARKS FL 32355
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, F.S.

Ronald Gagliardi Jr.
Registered Agent's Signature

(CONTINUED)

FILED
04 FEB 24 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Ronald Gagliardi Jr
PO Box 74
ST MARKS FL 32355

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Ronald Gagliardi Jr
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.)

Ronald Gagliardi Jr
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 24 PM 3:21

FILED