

L040000016979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

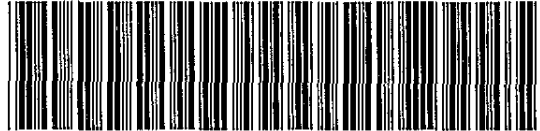
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600029381106

03/03/04--01058--013 **130.00

BK

RECEIVED
04 MAR -3 PM 1:18
DIVISION OF CORPORATION

FILED
04 MAR -3 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED
MAR - 3 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- _____

2- _____

3- BLAZE PROPERTIES, L.L.C.

4- _____

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION OF
BLAZE PROPERTIES, L.L.C.,
LIMITED LIABILITY COMPANY

FILED
04 MAR -3 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I — Name:

The name of the Limited Liability Company is **BLAZE PROPERTIES, LLC.**

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is: P. O. Box 1766, Englewood, FL 34295-1766.

ARTICLE III — Registered Agent & Registered Office

The name and street address of the registered agent of the Company is **Thomas P. McLennon, 1460 S. McCall Road, Suite 4-F, Englewood, FL 34223.**

ARTICLE IV — Management:

The Limited Liability Company is to be managed by the member or members and is, therefore, a member-managed company.

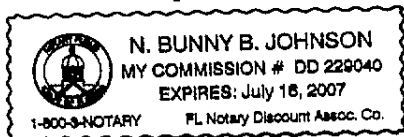
IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 1st day of ~~February~~ ^{MARCH}, 2004.

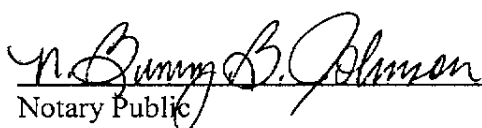

FREDERICK A. BLAZE, Member-Manager

STATE OF FLORIDA
COUNTY OF CHARLOTTE

SWORN TO AND SUBSCRIBED before me this 1st day of ~~February~~ ^{MARCH}, 2004 by **FREDERICK A. BLAZE** who is personally known to me or who produced a Fla. Driver's license as identification.

My Commission expires:




Notary Public

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of **BLAZE PROPERTIES, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 1st day of ^{March}~~February~~, 2004.



Thomas P. McLemmon