

W4000064975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

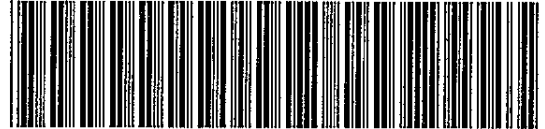
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/01/04--01007--012 **25.00

08/16/04--01049--006 **100.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 31 PM 10:18

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W4000064975
OK



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 17, 2004

SUSAN WILLIAMS
#10 CORPORATE HILL DRIVE, SUITE 330
LITTLE ROCK, AR 72205

SUBJECT: SIX BLUE EYES,LLC
Ref. Number: W04000031331

We have received your document for SIX BLUE EYES,LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 404A00050674

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIX BLUE EYES, 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:

SUSAN WILLIAMS
(Name of Person)

NEWLAND & ASSOCIATES, PLLC
(Firm/Company)

#10 CORPORATE HILL DRIVE, SUITE 330,
(Address)

LITTLE ROCK, ARKANSAS 72205
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN WILLIAMS at (501) 221-9393
(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

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIX BLUE EYES, LLC

ARTICLE II - Address:

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

Principal Office Address:

432 SW 80TH BLVD

GAINSVILLE, FLORIDA 32607

Mailing Address:

9433 HIGHWOOD HILL ROAD

BRENTWOOD, TN 37027

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

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

CT CORPORATION SYSTEM

Name

1200 S. PINE ISLAND ROAD

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

PLANTATION

FLORIDA 33324

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..

SEE ATTACHED

Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 31 AM 10:46

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

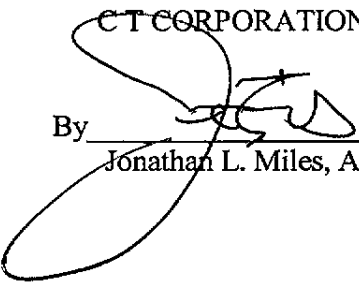
RE: SIX BLUE EYES, LLC

Having been named as registered agent and to accept service of process for the above stated limited liability company, C T Corporation System, 1200 South Pine Island Road, Plantation, Fla. 33324, hereby accepts the appointment as registered agent and agrees to act in this capacity. C T Corporation System further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the required duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 608, F.S.

Dated: July 19, 2004

CT CORPORATION SYSTEM

By


Jonathan L. Miles, Assistant Secretary

04 AUG 31 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

BRENTWOOD, TN 37027

BRENTWOOD, TN 37027

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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