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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				
SUBJECT: SOUTHE	RN BLUES, L.L.C. (Name of Limited	Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
JUDY S.	GRAYSON (N	lame of Person)		
	(F	irm/Company)		
11924 FOR	EST HILL BLVD., SUITE 22	-115 (Address)		
WELI	LINGTON, FLORIDA 33414	State and Zip Code)		
For further information	concerning this matter, please of	·		
JUDY S. GRAYSON (Name	of Person)	at ( 561 ) 441-6651 (Area Code & Daytime Te	ZECRETI	
	or the following amount:		SSE -5	TATE CAN'T
□ \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy! (additional copy is proclosed)	
STRE	EET ADDRESS:	MAILING A	DDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Registration Section

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SOUTHERN BLUES, L.L.C.

#### ARTICLE II - Address:

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

#### Principal Office Address:

Mailing Address:

11924 FOREST HILL BLVD, SUITE 22-115 WELLINGTON, FLORIDA 33414 11924 FOREST HILL BLVD., SUITE 22-115 WELLINGTON, FLORIDA 33414

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

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

JUDY S. GRAYSON

Name

11924 FOREST HILL BLVD., SUITE 22-115

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

WELLINGTON, FLORIDA 33414FL

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 fainliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manag "MGRM" = Man	er	Name and Address:
MGRM		JUDY S. GRAYSON  11924 FOREST HILL BLVD., SUITE 22-115  WELLINGTON, FLORIDA 33414
(Use attachment		
•	•	added if an effective date is requested.
REQUIRED SIG	Signature of member of	an authorized representative of a member; a 608.408(3), Florida Statutes, the execution san affirmation under the penalties of perjurch an are true.)
	JUDY S. GRAYSON Typed	or printed name of signec
of Reg \$ 30.00 Certific	i Fee for Articles of Organiza istered Agent ed Copy (Optional) cate of Status (Optional)	ation and Designation

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