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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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HAWKINS AND CO., L.P.A.
ATTORNEYS AND COUNSELORS AT LAW
1267 WEST 9TH STREET, SUITE 500
CLEVELAND, OHIO 44113-1014

(216) 861-1365
FAX: (216) 861-0714

March 15, 2005

Florida Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

VIA FEDERAL EXPRESS

Re: Registration of Blue Streaks LLC

Dear Sir or Madam;

Enclosed please find the original and one (1) copy of the Articles of Organization for Blue Streaks LLC, whose mailing address is 2401 Golf Drive, Unit 2, Bradenton Beach, Florida 34217. Also enclosed is a check in the amount of One Hundred Thirty Dollars (\$130.00) for the filing fee as well as a Certificate of Status. Please file the original and time stamp the copy and return to us in the enclosed self addressed stamped envelope.

If you have any questions, do not hesitate to contact me.

Very truly yours,



Ann Marie Hawkins

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMH: ag
Enclosure

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Streaks 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:

Ann Marie Hawkins
(Name of Person)

Hawkins & Company, L.P.A.
(Firm/Company)

1267 W.9th Street, Suite 500
(Address)

Cleveland, OH 44113
(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Marie Hawkins at (216) 861-1365
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|--|

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Streaks LLC

ARTICLE II - Address:

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

Principal Office Address:

Blue Streaks LLC
2401 Gulf Drive Unit 2
Brandenton Beach, FL 34217

Mailing Address:

Blue Streaks LLC
2401 Gulf Drive Unit 2
Brandenton Beach, FL 34217

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

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

Peter Hammer

Name

2401 Gulf Drive Unit 2

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

Brandenton Beach FL 34217

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..


Registered Agent's Signature

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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

Laurie Massa

2310 Westminster Td.

Cleveland Heights, OH 44118

MGR

Barbara Massa Hammer, Trustee

Barbara Massa Hammer Trust U/T/A 5-21-03

1496 Jaeger Dr., Lyndhurst, OH 44124

(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.)

Peter Hammer

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
ALABAMA