

L05000027299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

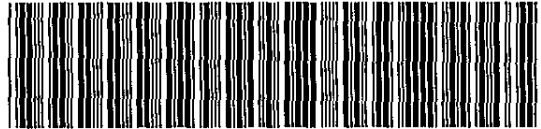
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name Availability	
Document Examiner	
Updater	Office Use Only
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC



700048424347

03/16/05--01038--008 \*\*130.00

SECRETARY OF STATE  
MALLABEE COUNTY

2005 MAR 16 P 12:24

FILED

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2005 MAR 16 12:24

FILED

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:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

SECRETARY OF STATE  
ALABAMA  
2005 MAR 10 PM 9:24  
FILED

**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:**

**Mailing Address:**

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

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

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

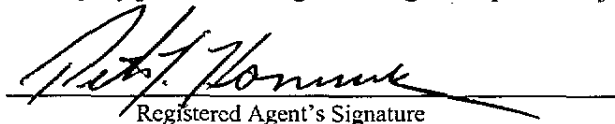
The name and the Florida street address of the registered agent are:

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

FILED  
MAR 12 2014  
TALLAHASSEE, FLORIDA  
STATE

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**


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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
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)

FILED  
2005 MAR 16 P 12:24  
SECRETARY OF STATE  
ALLIANCE FLORIDA