

L05000027330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

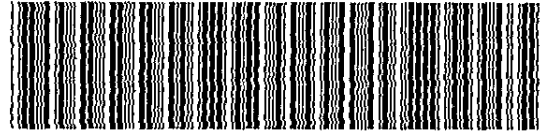
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

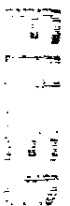


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03/16/05--01026--002 \*\*155.00

TALLAHASSEE, FLORIDA

05 MAR 16 PM 1:25



365 SeaGrove Lane

Naples, FL 34110

March 14, 2005

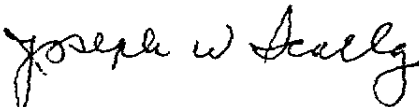
Registration Section  
Divisions of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the articles of organization and check for \$155.00.

Thank you for your assistance.

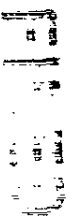
Sincerely,



Joseph W. Scally  
239-513-0927

STATE  
TALLAHASSEE, FLORIDA

05 MAR 16 PM 1:25



## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUEBERRY LANE VENTURES 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:

MR. + MRS. JOSEPH SCALLY  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

365 Seagrove Lane # 202  
(Address)

NAPLES, FL 34110  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Scally at 239, 513-0927  
(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

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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:

Blueberry Lane VENTURES LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

365 Seagrove Lane  
#202  
NAPLES, FL 34110

**Mailing Address:**

365 Seagrove Lane  
#202  
NAPLES, FL 34110

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

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

Joseph SCALLY  
Name  
365 Seagrove Lane #202  
Florida street address (P.O. Box **NOT** acceptable)  
NAPLES FL 34110  
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.*

Joseph W. Scally  
Registered Agent's Signature

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(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:**

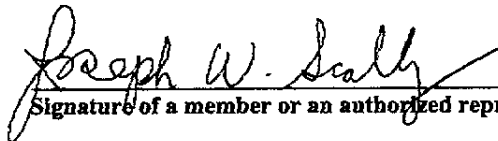
MGRM

MR. + MRS. Joseph W. Scally  
365 Seagrove Lane #202  
Naples, FL 34110

(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.)

JOSEPH W. SCALLY

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)**

SECRET  
TALLAHASSEE, FLORIDA

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