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(F	stor's Name)
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Ţ,	ateZip/Phone #)
PICK-UP	MAIL MAIL
	Entity Name)
(	n ant Number)
Certified Copies	Certificates of Status
Special Instructions	ng Officer:

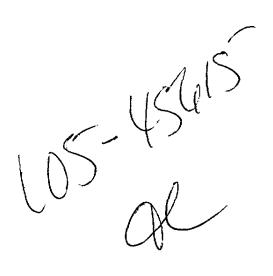
Office Use Only



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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 18, 1

ROCKA I IC 11371 SV ETH ST MIAMI, F 3157

D

SUBJEC JE LEMONADE LLC Ref. Num W05000016981

We have sived your document for BLUE LEMONADE LLC and your check(s) totaling \$ .00. However, the enclosed document has not been filed and is being reti

We are e sing the proper form(s) with instructions for your convenience.

Please re your filing be considered abandoned.

If you ha any questions concerning the filing of your document, please call (850) 245

Tammi C \_\_\_ Documer ecitalist Letter Number: 305A00026287

Re: W05000016981

## TRANSMITTAL LETTER

TO:	rt aften Section ion of Corporations	
SUBJE	Blue Lemonade, UC (Name of Limited Liability Company)	
The encl	Articles of Organization and fee(s) are submitted for filing.	
Please r€	Il correspondence concerning this matter to the following:	
	Rockamalik	
	(Name of Person)	
	•	
	:	
<del></del>	(Firm/Company)	
	11371 SW 176th St.	
	(Address)	
	Man, FC 33157 (City/State and Zip Code)	
For furthe	remailion concerning this matter, please call:	
$\circ$		
Ko	malik at (305) 321-7794	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed	theck for the following amount:	
<b>9-\$</b> 125.00	1g. Fee	

STREET ADDRESS:

Registration Section
Division of Corporations
ROS E. Gaines Street
Callahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CIF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTIC ARTICLE I - Nam nited Liability Company is: The name of the ited Liability Company Blue Lemonade ARTICLE II - Add Mailing Address: Principal Office. 1:322 11371 SW 176th S 11371 SW 176th Street Miami, Florida 33 Miami, Florida 33157 ARTICLE III - Reg ed Agent, Registered Office, & Registered Agent's Signature: The name and Flo street address of the limited liability company's registered agent is: Rocka Malik 11371 SW 176th Stre Miami, Florida 331. is Tegistered agent and to accept service of process for the above stated Having been nam limited liability co any at the place designated in this certificate, I hereby accept the appointment as re ared agent and agree to act in this capacity. I further agree to comply with the provisions of a that's relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 608, F.Ş.. Registered Agent's ਾਹture ARTICLE IV - Man (1) or Managing Member(s): The name and add of each Manager/Managing Member is as follows: Title: Name and Address: MGR Michael Davis 21160 SW 112th Ave., Apt 1-210 Miami, Florida 33190 MGR Caiphus Moore 17211 SW 112th Court Miami, Florida 33157 **MGRM** Rocka Malik 11371 SW 176th Street Miami, Florida 33157 REQUIRED SIGNATI c fure of a member or an authorized representative of a member. Tin accordance with section 608.408(3), Florida Statures, the execution of this document constitutes an affirmation clarithe penalties of perjury that the facts stated herein are true.) ockamalik

Typed or printed name of signee