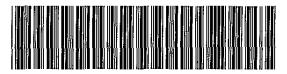
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name) (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				







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TALLAHASSEE FLORIDA

COVER LETTER

Division of Corp			
_{SUBJECT:} Blueg	rass Real Estat	e, LLC	
		Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspond	ondence concerning this matter	r to the following:	
John E.	Isaacs, Sr.	Name of Person)	
John Isa	acs and Assoc	iates, LLC	
		Firm/Company)	
<u>2303 Hu</u>	<u>ırstbourne Vill</u>	age Dr. Suite	1000
		(Address)	
Louisviii	e, KY 40299 (City)	(State and Zip Code)	
For further information of	concerning this matter, please	call:	
John E. Isaacs, Sr. (Name of Person)		at (502) 495-17	711
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	r the following amount:		
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bluegrass Real Estate, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Bluegrass Real Estate, LLC 16064 Parque Lane Naples, FL 34110	Bluegrass Real Estate, LLC 16064 Parque Lane Naples, FL 34110
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Douglas O. Peeno Name	
16064 Parque Lane Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Naples City, State, as	FL 34110 and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	is certificate, I hereby accept the above stated limited its certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all informance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
(CONTINU Page 1 of 2	DED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Douglas O. Peeno 16064 Parque Lane Naples, FL 34110 Donna G. Peeno MGRM 16064 Pargue Lane Naples, FL 34110 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: .(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Donna G. Peeno 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)