# 105000110357

(Requestor's Name	)
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phot	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Document Numbe	
(Document Manue	·)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	
	Ì

Office Use Only



800060433608

Dhairins-chuir (ng. 🐲



TOPIC PRINT

10351



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

October 18, 2005

CURTIS DIETERICH 6538 COLLINS AVE #387 MIAMI BEACH, FL 33141

SUBJECT: BLUE SKY MARBLE LLC

Ref. Number: W05000047621

We have received your document for BLUE SKY MARBLE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 705A00063355

# **COVER LETTER**

TO: Registration Sec	etion ==	•	
Division of Cor			
SUBJECT: <u>B</u>	VF SKY / (Name of Limited	MARBLE LL ( d Liability Company)	<u>C</u>
The enclosed Articles of	Organization and fec(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
Cur	TIS DIET	Name of Person)	
		Firm/Company)	
653	8 Cours		
MIA	n BEACH, F	State and Zip Code)	11
For further information of	oncerning this matter, please	call:	
CURTIS [Name	DIETERICH of Person)	at (305) 282 (Area Code & Daytime Te	1 – 9800 elephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fiting Fee. Certificate of Status & Certified Copy. (additional copy is enclosed)
	Mailing Address Registration Section Division of Compositions	Street/Courier Addres Registration Section	12

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Á	R	T.	I	CI	E	I	_	N	ame	::
---	---	----	---	----	---	---	---	---	-----	----

The name of the Limited Liability Company is:

Must end with the words "Limited Limitity Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
1691 N.E. 144 TH ST.	6538 Cours Ave #387
NORTH MIAMI, FL	MIAMI BEACH, FL.
33181	33141

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

Name

Ib91 N.E. 1447H St.

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

NORTH MIANI FL. 33181

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 (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managi	ng Member	Name and Address:
MGRM MGRM		CURTIS DIETERICH 1691 N.E. 144TH ST. NORTH MIAMI, FL. 33181
MGRM		DAVID GOOD RICH 1170 S.W. 1874 ST MIAMI, FL. 33129
LE V: Effective date fective date	e, if other than the d	ate of filing: (OPTIONAl specific and cannot be more than five business days
LE V: Effective date fective date date days after the date of	e, if other than the d the date must be of filing.)	ate of filing: (OPTIONAl specific and cannot be more than five business days
LE V: Effective date fective date fective date is listed, days after the date of REQUIRED SIGN.	e, if other than the dot the date must be of filing.)  ATURE:	specific and cannot be more than five business days
fective date is listed, days after the date of the dat	c, if other than the do, the date must be of filing.)  ATURE:  mature of a member accordance with section	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury
LE V: Effective date fective date days after the date of REQUIRED SIGN.  Sig	c, if other than the do, the date must be of filing.)  ATURE:  mature of a member accordance with sectithis document constituted that the facts stated here	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury

\$ 5.00 Certificate of Status (Optional)