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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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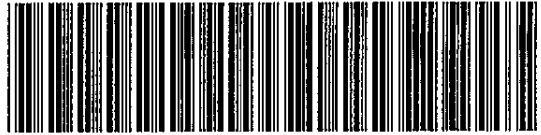
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE HORIZON, 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:

DAVID A. SHINNEBARGER  
(Name of Person)

BLUE HORIZON, LLC  
(Firm/Company)

5700 NE ISLAND COVE WAY, STE 4101  
(Address)

STUART, FL 34996  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL LONGER at (203) 292-3492  
(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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION OF  
BLUE HORIZON, LLC

The undersigned, being duly authorized to execute and file these Articles, hereby certifies that:

ARTICLE I: The name of the limited liability company ("Company") is  
"Blue Horizon, LLC".

ARTICLE II: The address of the principal office of the Company is:

5700 NE Island Cove Way, Ste 4101  
Stuart, FL 34996

The secondary office of the Company is:

50 Stone Ridge Way, Ste. 3D  
Fairfield, CT 06824

ARTICLE III: The name and street address of the registered agent is:

**Sonia M. Pawluc**  
717 SE 5<sup>th</sup> Street  
Stuart, Florida 34994

*Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated by 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

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ARTICLE IV: The name and address (both business and personal residence) of the managing members (MGRM) of the Company are:

**David A. Shinnbarger, MGRM:**

Residence: 5700 NE Island Cove Way, Ste 4101  
Stuart, FL 34996

Business: 5700 NE Island Cove Way, Ste 4101  
Stuart, FL 34996

**Michael C. Lengel, III, MGRM:**

Residence: 50 Stone Ridge Way, Ste. 3D  
Fairfield, CT 06824

Business: 50 Stone Ridge Way, Ste. 3D  
Fairfield, CT 06824

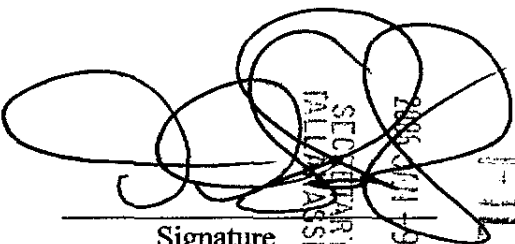
ARTICLE V: The effective date for formation and operation of Blue Horizon LLC, a registered Florida limited liability corporation, is January 3, 2006.

ARTICLE VI: Management of the Company shall be vested in its members.

ARTICLE VII: Blue Horizon, LLC files this Article to state the purpose for which this Company is formed is to perform professional services and related activities and transactions and any other lawful commercial purpose.

David A. Shinnbarger  
Name of Organizer

Managing Member  
Capacity of Signatory

  
Signature

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