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Blind Ventures LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
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- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
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- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
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Signature

Requested by: *SW*

Date *7/11*

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ARTICLES OF ORGANIZATION
OF
BLIND VENTURES, LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

ARTICLE I
NAME

The name of the limited liability company (the "Company") is: BLIND VENTURES, LLC.

ARTICLE II
ADDRESSES

The initial mailing address and street address of the Company is 205 Coquina Street, St. Augustine, Florida 32086.

ARTICLE III
REGISTERED AGENT

The name and street address of the initial registered agent of the Company is Sean P. Sheppard, Esq., Sheppard & Sheppard, P.A., 1301 Plantation Island Drive South, Suite 204, St. Augustine, Florida 32080.

ARTICLE IV
MANAGEMENT

The Company is to be managed by the members and is therefore, a member managed company.

ARTICLE V
LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this ____ day of July 2006. 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.

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By: Lawrence M. Gilpin
Lawrence M. Gilpin
Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

I, Sean P. Sheppard, Esq., having been named to accept the service of process for BLIND VENTURES, LLC, certify that I am a permanent resident of St. Johns County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

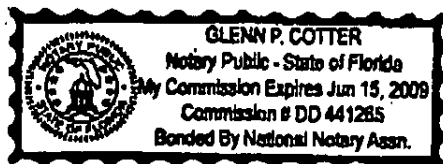
DATED at St. Johns County, Florida, this 11th day of July, A.D., 2006.

Sean P. Sheppard, Esq.
Sean P. Sheppard, Esq.

STATE OF FLORIDA)
COUNTY OF ST. JOHNS)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Sean P. Sheppard, Esq., to me personally known and known to be the person described as the authorized agent and resident agent who executed the foregoing Articles of Organization and Acceptance of Registered Agent and acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St. Johns County, Florida, this 11th day of July, A.D., 2006.



Glenn P. Cotter
Notary Public, State of Florida
Printed Name:
My Commission expires: