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SECRETARY OF STATE
ANASSEE FINANCES

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bloom Field Park Management 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:
Hugh Whitney (Name of Person)
Bloomfield Park Management LLC
7-36 Buoy Rd
(Address)
North Pala Beach FL 33408 (City/State and Zip Code)
For further information concerning this matter, please call:
Hugh Whithey at (Sol) 7-23-2006 (Name of Person) at (Sol) 7-23-2006 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bloowfield Park Mana (Must end with the words "Limited Liability Company, "Limited Company,"	agenent LLC Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
736 Bury Pd. North Paly Beach FL 33408	736 Buoy Red North Paly Beach FT 33408
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration. Annether Name Florida street address Florida street address City, State, and	istered agent are: Whitney Pales (P.O. Box NOT acceptable) Agent. You must designate an individual fanotom of the pales
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as register	ept service of process for the above stated limited certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rmance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address		
Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing	Member	
MGRM	Hugh Whitney 736 Buy Rd. North Pali Brush	F1 3340
MGR	Contact the trans	endous D
	- Manuell / 11 4001.	
•	• /	. (OPTIONA
LE V: Effective date, if fective date is listed, the days after the date of t	f other than the date of filing:	. (OPTIONA) business days
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Page 2 of 2 ,

ARTICLE IV- Manager(s) or Managing Member(s):