### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000295875 3)))



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Division of Corporations

Pax Number

: (850)205-0383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 (212)431-5000

Phone Fax Number

: (212)431-1441

# DA/FOREIGN LIMITED LIABILITY CO.

#### BlueJay Stables LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

ARTICLE I - Name:

The name of the Limited Liability Company is:

H060002958753

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BlueJay Stables LLC		
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2400 NW 110TH AVENUE	2400 NW 110TH AVENUE ~ ~	
OCALA, FL 34482	OCALA, FL 34482	بد
ARTICLE III - Registered Agent, Regis	tered Office, & Registered Agent's Signature: 📆 🥤	-
The name and the Florida street address of		ji M
MELISSA CERRA		
1	Name S	
2400 NW 110TH AVENUE	i .	
Florida stro	cet address (P.O. Box <u>NOT</u> acceptable)	
OCALA	PL 34482	
City, S	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

MELISSA CERRA, REGISTERED AGENT

(CONTINUED)

Page 1 of 2

Dec 15 2008 11:46

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			,
MGRM	KENNETH CERRA	•	
- +	2400 NW 110TH AVENUE		_
	OCALA, FL 34482		
MGRM	MELISSA CERRA		
	2400 NW 110TH AVENUE		
	OCALA, FL 34482		
MGRM	ALISON CERRA		
	2400 NW 110TH AVENUE		
	OCALA, FL 34482	~>	
	ALL	2006 DEC	
	AHAS ASSA		
	No.		
	38.	S	i
(Use attachment if necessary)		至	
NOTE: An additional article must be	added if an effective date is requested.	ထဲ	ي فسير 135
REQUIRED SIGNATURE:	Offi	5	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Staintes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

**MELISSA CERRA** 

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 5.00 Certificate of Status (Optional)

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