

LOT0000010523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

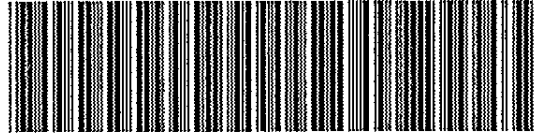
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07 JAN 29 PM 4: 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. GREGORY JAN 29 2007

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capital Blu 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:

Frederic E. Waczewski, Esq.

(Name of Person)

Law Office of Frederic E. Waczewski, PA

(Firm/Company)

4700 Millenia Blvd., Suite 175

(Address)

Orlando, FL 32839

(City/State and Zip Code)

For further information concerning this matter, please call:

Damien Bromfield

(Name of Person)

at ( 407 )

925-3559

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2007

FREDERIC E. WACZEWSKI, ESQ.  
4700 MILLENIA BLVD., SUITE 175  
ORLANDO, FL 32839

SUBJECT: CAPITAL BLU MANAGEMENT, LLC  
Ref. Number: W07000002995

We have received your document for CAPITAL BLU MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 107A00004421

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Capital Blu Management, LLC

(Must end with the words "Limited Liability 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:

2105 Ancient Oak Drive

Ocoee, FL 34761

### Mailing Address:

2105 Ancient Oak Drive

Ocoee, FL 34761

## 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:

Frederic E. Waczewski, Esq.

Name

Law Office of Frederic E. Waczewski, PA, 4700 Millenia Blvd., Suite 175

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

Orlando, FL 32839

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

(CONTINUED)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Damien Bromfield  
2105 Ancient Oak Drive  
Ocoee, FL 34761

MGRM

Blayne Davis  
P.O. Box 9648  
Naples, FL 34107

(Use attachment if necessary)

LEAVE BLANK - USE DATE OF FILING

**ARTICLE V:** Effective date, if other than the date of filing:                     . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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

(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.)

**DAMIEN BROMFIELD**

Typed or printed name of signee

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07 JAN 29 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)