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(Ac	ldress)	•
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	on Section of Corporations		
SUBJECT:	Something Blue	u Studios, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Artic	eles of Organization and fee(s) are s	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
	Mart	ha Ramirez	
	(Name of Person)	
	Unique	Design Studios	
	(Firm/Company)	
	4990 SW 72	Avenue, Suite #103	1
		(Address)	
	Miar	ni, FL 33155	
	(City	/State and Zip Code)	
For further informs	ation concerning this matter, please	call:	
Mart	ha Ramirez	at (305) 668	3-7171
	Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a che	ck 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Company is:		
Something Blu Stud			
(Must end with the words	"Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or	r"L.C.,")
ARTICLE II - Add	iress:		
The mailing address	and street address of the pr	rincipal office of the Limited Liab	ility Company is:
Principal Office Ac	ldress:	Mailing Address:	
7345 SW 123 Street		7345 SW 123 Street	
Pinecrest, FL 33156		Pinecrest, FL 33156	
	npany cannot serve as its own Regis	d Office, & Registered Agent's Stered Agent. You must designate an individual	
The name and the F	lorida street address of the i	registered agent are:	SECRET IVISION (
Martha Ramirez		R RET	
•	Name		19 F C
	7345 SW 123	3 Street	R 22
-	Florida street ade	dress (P.O. Box <u>NOT</u> acceptable)	?:
_	Pinecrest	FL 33156	- 36 6
	City, State,	and Zip	. 7

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:

<u>Fitle:</u> 'MGR" = Man 'MGRM" = Ma	ager anaging Member	Name and Address:
MGR		Martha Ramirez
		7345 SW 123 Street
		Pinecrest, FL 33156
		1 111001000, 1 2 00 100
		
(Use attachmen	• ,	
LE V: Effective	e date, if other than the isted, the date must be date of filing.)	date of filing:04/01/2007 (OPTION e specific and cannot be more than five business d
EV: Effective date is lays after the	e date, if other than the isted, the date must be date of filing.) IGNATURE:	e specific and cannot be more than five business d
LE V: Effective date is leading after the	e date, if other than the isted, the date must be date of filing.) IGNATURE:	
EV: Effective date is lays after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with secondance)	e specific and cannot be more than five business of the specific and cannot be more than five business
EV: Effective date is lays after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member of this document const	e specific and cannot be more than five business of the specific and cannot be more than five business

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)