

LO7000034641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

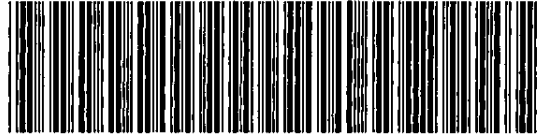
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700091817967

03/12/07--01033--017 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2607 MAR 30 PM 12:55

FILED

LO7-34641  
AR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2007

BARBARA BRUNNER  
385 1ST STREET, SUITE 115  
LAKE OSWEGO, OR 97034

SUBJECT: SPA BLUE LLC  
Ref. Number: W07000012430

We have received your document for SPA BLUE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 107A00017602

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 MAR 30 PM 12:56

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spa Blue 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:

Barbara Brunner

(Name of Person)

Spa Blue c/o Urbane Zen

(Firm/Company)

385 1st Street suite #115

(Address)

Lake Oswego, OR 97034

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Brunner

(Name of Person)

at ( 503 )

803.8143

(Area Code & Daytime Telephone Number)

Enclosed is a check 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2007 MAR 30 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Spa Blue 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:

po box 510877

Punta Gorda, FL 33951

810 Napoli Lane  
Punta Gorda FL  
33950

### Mailing Address:

po Box 510877

Punta Gorda, FL 33951

## 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:

Ray Brunner

Name

810 Napoli Lane

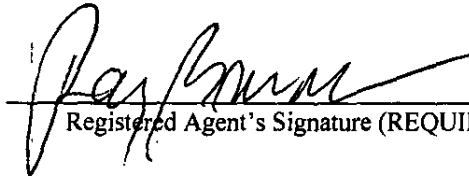
Florida street address (P.O. Box **NOT** acceptable)

Punta Gorda

FL 33950

City, 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

2007 MAR 30 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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

Barbara Brunner

PO Box 510877

Punta Gorda, FL 33951

MGRM

Ray Brunner

PO Box 510877

Punta Gorda, FL 33951

(Use attachment if necessary)

**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.)

Barbara Brunner

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)

\$ 5.00 Certificate of Status (Optional)

2007 MAR 30 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA