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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blueprint Creations 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:	
Warren Persky (Name of Person)	
Proforma Marketina Group	
23257 State Roal 7 #209 (Address) \$ \$	
Boca Raton, FL 33 428	SECRET
(City/State and Zip Code)	经后
For further information concerning this matter, please call:	89 S 18
(Name of Person) Walter Hormation concerning this matter, please can: (Area Code & Daytime Telephone Number)	SHORS
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blueprint Creations LLC Must end with the words "Limited Liability Company, "Limited Company" or their abbrev	viation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address: Mailing Address:	
23257 State Roat 7 5am. Svite 209 Boca Raton, FL 33428	<u>e</u>
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must design business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Warren Persky Name 1991 NE 3046 Ct. Florida street address (P.O. Box NOT acc Lighthouse Roth FL 33428 City, State, and Zip	SECRETARY OF STA DIVISION OF CORPORAL
Having been named as registered agent and to accept service of proceduability company at the place designated in this certificate, I hereby registered agent and agree to act in this capacity. I further agree to a statutes relating to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided agent. Registered Agent's Signature (REQUIRED)	ry accept the appointment as omply with the provisions of all es, and I am familiar with and

(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	Patricia Wiley-Hyman 10314 NW 54 Place			
MGRH	Warren Persky 23251 State Road 7 #209 Boca Maton, FL 33428			
	OT MAY			
	CORPOR S			
(Use attachment if necessary)	TATE TO THE			
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 of this document constitute that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)			
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)