

LD7000062214

(Requestor's Name)

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(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
.07 JUN 12 PM 12:13

Paul Harford
154 Long Leaf Pine Circle
Sanford, Florida 32772

June 8, 2007

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Subject: Blue Marble Consulting, LLC

Dear Sir:

The enclosed Articles of Organization for the above referenced company and appropriate fees are hereby submitted for filing with the Division of Corporations.

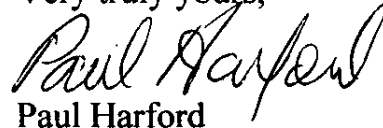
Please return all correspondence concerning this filing to the following:

Paul Harford
Blue Marble Consulting, LLC
154 Long Leaf Pine Circle
Sanford, FL 32772

If you have any questions in regard to this filing or need any additional information, please call Paul Harford at (407) 920-8069.

Enclosed is my check in the amount of \$130.00 for payment of the Filing Fee and for a Certificate of Status.

Very truly yours,


Paul Harford

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Marble Consulting, 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:

154 Long Leaf Pine Drive
Sanford, FL 32772

Mailing Address:

Same as Office

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:

Paul Harford

Name

154 Long Leaf Pine Circle

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

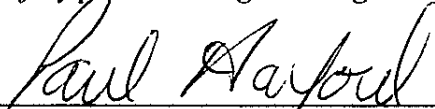
Sanford

FL

32772

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)

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DIVISION OF CORPORATION
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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Paul Harford

154 Long Leaf Pine Drive

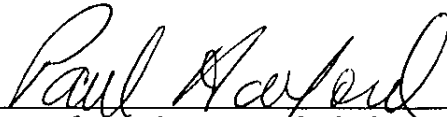
Sanford, FL 32772

(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.)

Paul Harford

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)