L07000066859

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
	•
(Document Number)	3
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
·	
	τς
	LS

Office Use Only



900104720679

Effective Date 620

06/25/07--01027--019 **130

2007 JUN 25 PM 4: 04 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Dolphin Produce, L. L. C. (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:
Cary Milton Norts (Name of Person)
Blue Dolphin Produce, L.L.C.
6752 Highland Pines Circle
Ft. Myers, Florida 33966 (City/State and Zip Code)
For further information concerning this matter, please call:
Cary M. Norris at (239) 561 - 2856 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\bigcup \\$125.00 \text{ Filing Fee} \\ \bigcup \\$130.00 \text{ Filing Fee} \& \bigcup \\$155.00 \text{ Filing Fee} \& \bigcup \\$160.00 \text{ Filing Fee}, \\ \bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \end{additional copy is enclosed} \end{additional copy is enclosed}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	10/20/07
Blue Dolphin Produce L.L.C. (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "L	- · ·
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	l Liability Company is:
Principal Office Address: Mailing Address:	
6752 Highland Pines (incle 6752 High Ft. Myers, Fr. 33966 Ft. Myers	hland PinesCircle
ARTICLE III - Registered Agent, Registered Office, & Registered Age (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ibusiness entity with an active Florida registration.)	nt's Signature: ndividual or another
The name and the Florida street address of the registered agent are:	•
Gary Milton Norris	
6752 Highland Pines Circle Florida street address (P.O. Box NOT acceptable))
F4. Myers, FL 33966 City, State, and Zip	·
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply statutes relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for	pt the appointment as with the provisions of all I am familiar with and
Registered Agent's Signature (REQUIRED)	17A 21
(CONTINUED)	DO JUN 25 LECRETARY
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:
MGR	Gary Milton Norris 6752 Highlana Pines Circle Fl. Myers, Fr. 33966
MGRM	Omah Lean Norris 6752 Highland Pines Circle Ft. Myers, FC 33966

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 21 (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.)

Milton 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)

Page 2 of 2