207000066918

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	 WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000104805800

06/25/07--01049--005 **125.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blithering 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:		
Nelson Rodney		
(Name of Person)	_	
(Firm/Company)	_	
1925 Brickell Avenue, D-207		
(Address)	07	DIVI
Miami, Florida 33129	07 JUN ₁ 25	HOIS!
· (City/State and Zip Code)	25	유A 유유
For further information concerning this matter, please call:	AH 8:	CORPORAL
Nelson Rodneyat (305) 643-9600	ဌဌ	3011
(Name of Person) (Area Code & Daytime Telephone Number)		(7)
Enclosed is a check for the following amount:		
\$\frac{1}{2}\$ \$125.00 Filing Fee \text{ Silono Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}		
Mailing Address Registration Section Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Compa	any is:	
Blithering LLC	i,	
(Must end with the words "Limited Liability Company	, "Limited Company" or their abbreviation "LLC," or "l	L.C.,")
ARTICLE II - Address:		•
The mailing address and street address of	the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
1925 Brickell Avenue D-207	1925 Brickell Avenue D-207	
Miami, Florida 33129	Miami, Florida 33129	
	istered Office, & Registered Agent's Sig	
The name and the Florida street address of	of the registered agent are:	NOT NOISI
Nelson Rodney		25 PF C
	Name	ORP
1925 Brickell Avenue	D-207	M ORA
Florida st	reet address (P.O. Box NOT acceptable)	: 35
Miami, Florida 33129	FL	ফ
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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Manag "MGRM" = Man			
MGMR		Nelson Rodney	
	_	1925 Brickell Avenue D-207	
		Miami, Florida 33129	
MGMR		Mindy Rodney	
		1925 Brickell Avenue D-207	
		Miami, Florida 33129	
MGMR		Howard Sakowitz	. 001
	_	1925 Brickell Avenue D-207	٥
		Miami, Florida 33129	r
MGMR	_	Mindy Sakowitz	. :
		1925 Brickell Avenue D-207	. •
		Miami, Florida 33129	
	date, if other than th	te date of filing: (OPTIO be specific and cannot be more than five business	
<u>REQUIRED</u> SIC	Nelon (per or an authorized representative of a member.	
	(In accordance with s of this document consthat the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)	

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)

Typed or printed name of signee