1000008933

(Req	uestor's Name)	
(Addı	ess)	
(Addi	ress)	
•	•	
(City)	State/Zip/Phone	#\
(On).	Catorespir none	",
PICK-UP	■ WAIT	MAIL
(Busi	ness Entity Nam	e)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
	DR	
	-20	

Office Use Only

EFFECTIVE DATE 62607



100104646661

06/29/07--01030--025 **130.00

07 JUN 29 PH 12: 53

COVER LETTER

Division of Co				
SUBJECT:	BLUE:	STHR 8279 d Liability Company)	}	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
	ondence concerning this matte			
	rnest r	n. Smith	7	- " "
	BLUESTA	Name of Person)	LC.	•.
801	S. Fed	Hay #201		
Por	IPANO BEA	(Addreys)	3306 ZEE 3	
	(City	State and Tip Code)	HASSE ASSE	Mark Market
For further information	concerning this matter, please	call:	,	i
Ernest	M. Sm. Hy of Person)	at (954) 449. (Area Code & Daytime Te	- 5009877 - 5009877 Jerohone Number	Ö
((1144 0020 11 24)	,	
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Cor	
BLUESDA	AR8279 Limited Liability Company or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Comp	iny, "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:	Mailing Address:
ROIS FED HAY #2	0/

Fompano			
ARTICLE III - R	egistered Agent, Registered Office, & Registered Agent's	Signature:	
business entity with an o	ompany cannot serve as its own Registered Agent. You must designate an indivinctive Florida registration.) Florida street address of the registered agent are:	dual or Michel O7 JU	
	ERNEST M. SMITH	N 29 F	
	801 S. FED. Hwy # 201 Florida street address (P.O. Box NOT acceptable)	M 12: 53 STATE FLORIDA	M
	Pompano BEACHFL 33062	An &	···

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

EFFECTIVE DATE 10-26-07

ARTICLE I - Name:

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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: or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee