L070000 7/300

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, PICK-ÜP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Constal Instructions to Filip Forting		
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

AL

COVER LETTER

TO: Registration Division of (
SUBJECT:	Blue Bar Pro		
	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	m Komninos		
		(Name of Person)	
	imnings Law	Group, UC	Z SE
	-258th Street	-	JUL - O RETAR AHASS
2-9-	Phythills F	(Address) //State and Zip Code)	OF STATE
For further information	n concerning this matter, please	call:	
Tom Kon	moind S	at (Area Code & Daytime Te	elephone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fed	e S130.00 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	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Bar Properties II	.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 pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
BING BOY PYDPY IST, UC 385 MAGNETA CORP AUDICAGE, FL. 387 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent Signature: ared Agent. You must designate an individual or agether		
The name and the Florida street address of the registered agent are:			
George J.C.	artiand English to the same of		
3855 Mag	ineta love		
Florida street addı	ess (P.O. Box NOT acceptable)		
Auburndale	FL 33823		
City, State, ar	nd 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: Name and Address: "MGR" = Manager "MGRM" = Managing Member

(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:

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

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)