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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bluesky I, LLC

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ARTICLES OF ORGANIZATION
FOR
BLUESKY I, LLC

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TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **BLUESKY I, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **12601 Mastique Beach Blvd, #804, Ft. Myers, FL 33908**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Marc L. Shapiro, P.A., Attorney at Law,
720 Goodlette Rd N, Suite 304, Naples, FL 34102**

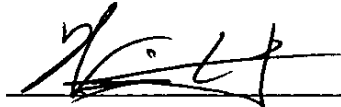
ARTICLE IV: MANAGING MEMBERS

The name and address of the initial Managing Member of the company is:

Sonia Decambre, Managing Member, 12601 Mastique Beach Blvd, #804, Ft. Myers, FL 33908

The undersigned has executed these Articles of Organization this 7th day of August 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"



Authorized Representative

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: _____
BLUESKY I, LLC

2. The name and address of the registered agent and office is: _____
Maro L. Shapiro, P.A.
ATTORNEY AT LAW
720 Goodlette Rd N Suite 304
Naples, FL 34102

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.