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SECRETARY OF STATE
TALLAHASSEE, FLORI

LAZARUS CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973

TALL MARKET CORNOR

Examiner's Initials

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 1.00 -Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:
The name of the	Limit

The name of the Limited Liability Company is:

BLUE LOGISTICS LLC



The mailing address and street address of the principal office of the Limited Liability Company

Principal Office Address:

Mailing Address:

12955 BISCAYNE BLVD STE 314 NORTH MIAMI, FL 33181 12955 BISCAYNE BLVD STE 314 NORTH MIAMI, FL 33181

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARC HAIME Name

3085 NE 183 LANE

Florida street address (P.O. Box NOT acceptable)

AVENTURA, FL 33160
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 positions as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

ARTICLE IV - Manager(s) or Managing Members(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
Title MANAGER	Name: MARC HAIME		
	3085 NE 183 LANE		
	AVENTURA, FL 33160		
Title MANAGING MEMEBER	Name: VIVIANNE STERENTAL		
	3085 NE 183 LANE		
	AVENTURA, FL 33160		
Title	Name		
Title	Name		
ARTICLE V: Effective date, if other than the date of filling: NONE			
REQUIRED SIGNATURE:			
((In accordance with	mber or an authorized representative of a member. In section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury of therein are true.		

MARC HAIME
Typed or printed name of signee