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## **COVER LETTER**

	tration Section on of Corporations		
SUBJECT:	Blues & Twos, LLC		
_	(Name of Limited Liability Company)	•	
The enclosed A	articles of Organization and fee(s) are submitted for filing.		
Please return al	Il correspondence concerning this matter to the following:		
	Joseph A. Pennino III		
<del></del>	(Name of Person)	<del></del>	
<del></del>	(Firm/Company)		
	3161 Lake Pine Way S, Unit G3		
,	(Address)	<u> </u>	
	Tarpon Springs, Fl 34688	器器	
<del></del>	(City/State and Zip Code)	- 題 3	ï
For further info	ormation concerning this matter, please call:	08 HAR 31 PH 2: 30 SECFETARY OF STATE TALLAHASSEE FLORID	,
Jos	eph A. Pennino III at 727 688-1117	PH 3	
	(Name of Person) (Area Code & Daytime Telephone Number)	•	
Enclosed is a	check for the following amount:		
<b>√\$125.00</b> Filir	ng Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Bigcup Status}\$\$  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	atus &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabassee FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	uny is:
Blues &	Twos, LLC
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	Twos, LLC ad Liability Company, "L.L.C.," or "LLC.")  The principal office of the Limited Liability Company is:  Mailing Address:  3161 Lake Pine Way S
Principal Office Address:	Mailing Address:
3161 Lake Pine Way S	3161 Lake Pine Way S
Unit G3	Unit G3 Tarpon Springs, Fl 34688  Stered Office, & Registered Agent's Signature:
Tarpon Springs, FI 34688	Tarpon Springs, FI 34688
The name and the Florida street address of Joseph A	of the registered agent are: A. Pennino III Name
3161 Lake P	ine Way S, Unit G3
Florida st	reet address (P.O. Box NOT acceptable)
Tarpon Sprii	ngs, <sub>FL</sub> 34688
City,	State, and Zip
liability company at the place designat	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member  MGRM	
<b>~ ~</b>	
14101111	Joseph A. Pennino III
	3161 Lake Pine Way S, Unit G3
	Tarpon Springs, FI 34688
MGRM	Edward Bader
<del></del>	3602 Blossom Lake Dr.
	Holiday, FI 34691
(Use attachment if necessary)	
(Use attachment if necessary)	
LE V: Effective date, if other than the	e date of filing: N/A (OPTI
	be specific and cannot be more than five busines
days after the date of filing.)	
<u>REQUIRED</u> SIGNATURE:	
	•

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

Joseph A. Pennino III

Typed or printed name of signee

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)

that the facts stated herein are true.)