

Florida Department of State

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DRIDA/FOREIGN LIMITED LIABILITY CO.

Double Blue, LLC

Certificate of Status	0
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EXAMINER

APR - 4 2008

1080000849313 FAX AUDIT#

ARTICLES OF ORGANIZATION OF Double Blue, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Double Blue, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 701 NW Federal Hwy #102, Stuart, Florida 34994.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Mary Hoertz, 701 NW Federal Hwy. #102, Stuart, Florida 34994. Located in the County of Martin.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

George Hart, 701 NW Federal Hwy. #102, Stuart, Florida 34994 John Hage, 701 NW Federal Hwy. #102, Stuart, Florida 34994

Date: March 27, 2008

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Double Blue, LLC

The name and address of the registered agent and office is Mary Hoertz, 701 NW Federal Hwy. #102, Stuart, Florida 34994. Located in the County of Martin.

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.

Signature:

Date

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DIVISION OF CORPORATIONS

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