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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

OCT 15 2008

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Bluworld Distribution Services, (Must end with the words "Limited Liability)	
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:
635 W. Michigan St Orlando, FL 32805	635 W. Michigan St Orlando, FL 32805
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	
The name and the Florida street address of the registered agent are: Victor M. Effron Name 635 W. Michigan St	
635 W. Michigan S Florida street addi Orlando, FL 32805	ress (P.O. Box <u>NOT</u> acceptable)
City, State, ar	

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Victor M. Effron 5013 Edgewater Dr Orlando, FL
MGRM	Louis R Effron 5013 Edgewater Dr Orlando, FL
MGRM	Louis R Effron 5013 Edgewater Dr Orlando, FL Sean W. Drummond 502 Vaughn St Titusville, FL 32796
(Use attachment if necessary) ARTICLE V: Effective date, if other to (If an effective date is listed, the date to or 90 days after the date of filing.) REQUIRED SIGNATURE:	
(In accordance of this docum	a member or an authorized representative of a member. e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury
	S stated herein are true.) M. Effron Typed or printed name of signce

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)