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C. LEWIS

JAN 0 9 2009

EXAMINER

COVER LETTER

	tration Section on of Corporations	
SUBJECT:	Blue STEEL JUESTMENT (Name of Limited Liability Company)	<u>uc</u>
The enclosed Ar	rticles of Organization and fee(s) are submitted for filing.	
Please return all	l correspondence concerning this matter to the following:	
	Michael A. MANLEY (Name of Person)	
	(Name of Person)	
	BIVE STEEL INVESTMENTS LU	
	(rim/Company)	
	19804 lyndham LAKES Dr. (Address) ODESSA FZ 33556	<u> </u>
	(Address)	
	ODESSA PZ 33556	
	(City/State and Zip Code)	
For further infor	rmation concerning this matter, please call:	
Michae	(Name of Person) at (813) (Area Code & Daytime T	2851
	(Name of Person) / (Area Code & Daytime T	elephone Number)
Enclosed is a cl	check for the following amount:	
\$125.00 Filing	g Fee \$\int_{\text{\$130.00 Filing Fee & }} \begin{array}{c} \preceq \text{\$155.00 Filing Fee & } \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

2009 JAN -8 PM 1:12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TALLAHASSEE. FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Steel Investments, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

19804 Wyndham Lakes Dr.

19805 FZ 33556

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:

Name

19804 Wyndkam LALES D.

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

ODESSA FL 33555

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 position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

FILED

	of each Manager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing		SECRETARY W. TALLAHASSEE. F
MGR	Michal A. MANUS 11804 Wyndlan Latter ODESEA FZ 3355	<u></u>
MUR	RODIER A. BENN 8502 POYDIAS LANE TAMPA, PL 335Se	ETT DR
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CLE V: Effective date, it fective date is listed, the days after the date of the REQUIRED SIGNAT	f other than the date of filing:	business days prio
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)