

Division Corporations

Page 1

609000007060

## Florida Department of State

Division of Corporations  
Public Access System

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H09000015259 3)))



H090000152593ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## FLORIDA/FOREIGN LIMITED LIABILITY CO

BLUE DESIGN GROUP - ONLINE, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

M. THOMAS

EXAMINER

RECEIVED

09 JAN 22 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 22 AM 8:54

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of the limited liability company is:

**BLUE DESIGN GROUP - ONLINE, LLC.**

**ARTICLE II**

The mailing address and street address of the principal office of the limited liability company is:

**Principle Office Address:**

782 NW 42<sup>ND</sup> AVE STE #328  
Miami, FL 33126

**Mailing address:**

782 NW 42<sup>ND</sup> AVE STE #328  
Miami, FL 33126

**ARTICLE III**

The name and the Florida street address of the Registered Agent are:

The Solano Group, P.A.  
782 NW 42<sup>ND</sup> AVE STE #328  
Miami, FL 33126

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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature

Yolanda Solano on behalf of The Solano Group, P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 22 AM 8:54

FILED

**ARTICLE IV**

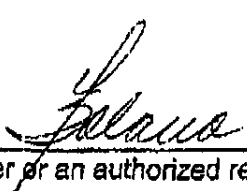
The name and address of each Manager or Managing Member is as follows:

**Title:**  
**MGRM**

**Name and Address:**  
**EUDO MARIO COY URDANETA**  
**Kaya Ansellia # 41 Sta. Catharina**  
**Curacao, Netherlands Antilles**

**MGRM**

**LUIS EDUARDO ROJAS MACIAS**  
**Kaya Ansellia #4 Sta. Catharina**  
**Curacao, Netherlands Antilles**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

**Yolanda Solano**

\_\_\_\_\_  
Typed or printed name of signer

09 JAN 22 AM 8:54  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA