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D. BRUCE

MAR 3 2009

**EXAMINER** 

## **COVER LETTER**

то:	Registration Section Division of Corporation	ons	•			
SUBJEC	T: Blue	stream Ene	rgy LLC			
~		(Name of Limit	ited Liability Company)	· · · · · · · · · · · · · · · · · · ·	<del></del>	
The encl	osed Articles of Organiz	zation and fee(s) are	e submitted for filing.			
Please re	turn all correspondence	concerning this ma	atter to the following:			
_		Lewis	Zemanian (Name of Person)			
			(Name of Person)			
		Bluestream	Fnergy LLC (Firm/Company)			
_		<del></del>	(Firm/Company)			
	1001	E. Camino	Real Apt. 507			
_			Real, Apt. 507 (Address)			
		•	FL 33432 ity/State and Zip Code)		09 MAR SECRETA	=
_		(C	ity/State and Zip Code)		R - HAS	-
For furth	er information concerni	ng this matter, pleas	se call:		-2 PH 1: TARY OF STA ASSEE, FLOR	
	Lewis Zeman	ian	at ( <u>56/</u> ) <u>504</u> (Area Code & Daytin	1-7957	I: IC	
	(Name of Person	n)	(Area Code & Daytin	me Telephone Numb	Der)>	
Enclose	d is a check for the fo	llowing amount:				
<b>□</b> \$125.0	.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat ed) Certified	te of Status &	)
	Regiss Divisi P.O. I	ng Address tration Section ion of Corporations Box 6327 hassee, FL 32314	Street/Courier Ad Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	n rations enter Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat				
The name of the Li	imited Liability Compar	ıy is:		
	Bluestream	Energy .	LLC	
(Mı	ust end with the words "Limited	l Liability Comp	any, "L.L.C.," or "LLC."	)
ARTICLE II - Ad	<del></del>			
The mailing addres	ss and street address of t	the principal	office of the Limit	ed Liability Company is:
Principal Office A	<u>address:</u>	<u>Mail</u>	ing Address:	
1001 E. Ca Boca Raton,	mino Real, Apt. 507 FL 33432		001 E. Camino K Oca Raton, FL	Peal Apt. 507 33432
(The Limited Liability Co	egistered Agent, Regis ompany cannot serve as its own active Florida registration.)			individual or another
The name and the l	Florida street address of	_	_	09 MAR -2 SECRETARY CLLAHASSE
	Lewis Z	Name		MAR -2 RETARY NHASSE
	1001 E. Camino P. Florida stre	Real, Apt.	507 D. Box <u>NOT</u> acceptable	PM 1: 10  OF STATE E. FLORIDA
			33432	TE IDA

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Lemanian Typed or printed name of signee

Filing Fees:

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)