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EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: B, Scott - Blue Unlimited, LLC. (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Brandon Scott-Blue (Name of Person)		
B. Scott-Blue Unlimited		
510 Kissimmee St. Apt #8		
Tallahassee, 32310 FL (City/State and Z/p Code)		
For further information concerning this matter, please call:		
Braelon Scott - Blue at (850) 264 1788 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \$\text{\$\exint{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\e		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ORGANIZATION FOR FL	ORIDA LIVITED LIABILITY COMPANI
ARTICLE I - Name: The name of the Limited Liability Company is:	
B. Scott - Blve U (Must end with the words "Limited Liability	nlimited, LLC by Company, "L.L.C.," or "LLC.")
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:
SIO Kissimmeest. Apt 8 Tallahassee, FL 32310	
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 re	gistered agent are:
Brandon Sco Name	oft-Blue
510 Kissimme Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Tallahassee City, State, and	FL 32310
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my cluties, and fam familiar with and ered agent as provided for in Chapter 608, P.S
Registered Agent's Signature	(REQUIRED)

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 (Use attachment if necessary) (OPTIONAL) 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

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of permitting the constitution of the constitution

Typed or printed name of signee