Florida Department of State Division of Corporations 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.

(((H090002426673)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 720000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO. BLUE LAGOON MIAMI, LLC

PECEIVED
09 NOV 17 AM 10: 4.3
SECRETAIN OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

S. HAWKES NOV 1 8 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H09000242667

ARTICLE I – Name: The name of the Limited Liability Compa	my is:
BLUE LAGOON	MIAMI LLC
	ed 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:
The mailing address and street address of Principal Office Address:	the principal office of the Limited Liability Company is: Mailing Address:
_	

The name and the Florida street address of the registered agent are:

SEORGE BOULOS

Name

11349 NW 47 LN

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

DORAL PL 33178

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)

(CONTINUED)
Page 1 of 2

H09000242667

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Titte; "MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	mber
MGR	SEORGE BOULDS
	1/349 NW 47 LN
3.14	DOIAL -71. 33178
MGRM	MARIA G DOMINGUEZ
	00100 FL 33178
	V9/W 1 2 2 3 1 7 0
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(Use attachment if necessa	ry)
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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)

Page 2 of 2