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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TED

COVER LETTER

February 2, 2010 TO: **Registration Section Division of Corporations** Blue Vista Capital LLC SUBJECT: 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: J. Jeffrey Rice Name of Person Goldstein, Buckley, Cechman, Rice & Purtz, P.A. Firm/Company 1515 Broadway Address Fort Myers, FL 33901 City/State and Zip Code JJR@gbclaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: J. Jeffrey Rice Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$\infty\$\$\\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

VIA FEDERAL EXPRESS

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BLUE MOTA CAE	
BLUE VISTA CAP (Must end with the words "Limited Liabilit	
ABBUGIE	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o Goldstein, Buckley, Cechman, Rice & 1515 Broadway Purtz, P.A.	c/o Goldstein, Buckley, Cechman, Rice & Purtz, 1515 Broadway P.A.
Fort Myers, FL 33901	Fort Myers, FL 33901
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 results	red Agent. You must designate an individual or another
J. Jeffrey	Rice
Name	
1515 Broa	•
Florida street address (P.O. I	Box NOT acceptable)
Fort Myers, FL 33901	FL
City, State, and	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist. Registered from 's Signatus	FEB -3 AHASSE
(CONTINU	HASSEE,

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manager "MGRM" = Managing Member MGR	<u>Title:</u>		Name and Address:	
MGR Karl C. Williams C/O Goldstein, Buckley, Cechman, Rice & Purtz		_		
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:		naging wiember		
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:	MGR			
ITICLE V: Effective date, if other than the date of filing:				Purtz,
ricle V: Effective date, if other than the date of filing:				
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ICLE V: Effective date, if other than the date of filing:		_		
ricle V: Effective date, if other than the date of filing:				
ricle V: Effective date, if other than the date of filing:	Also attachment	; if nanogamu)		
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.) Karl C. Williams Typed or printed name of signee	(Ose attachment	. If necessary)		
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.) Karl C. Williams Typed or printed name of signee	n effective date is lis	sted, the date must b	e date of filing: (OPTION e specific and cannot be more than five business d	NAL) ays prior
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.) Karl C. Williams Typed or printed name of signee	<u>REQUIRED</u> SI			
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,, , , , , , , , , , , , , , , , , , ,			Karl C. Williams	
Filing Fees:		-	ped or printed name of signee	
	Filing Fees	<u>i:</u>		

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE