•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAR 30 2010
EXAMINER

Office Use Only

300172934213

03/26/10--01019--017 **130.00

COVER LETTER

TO:	Registration S Division of Co						
SUBJ	ECT: BLU-C-						
		Name of Limit	ed Liability C	ompany			
The er	nclosed Articles o	of Organization and fee(s) are	submitted for	filing.			
Please	return all corresp	oondence concerning this mat	ter to the follo	wing:			
	USHER L BR	OWN, ESQ					
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Name of Perso	n			
	BROWN, GÁ	RGANESE, WEISS & D'	AGRESTA,	PA		7	
	· 	· · · · · · · · · · · · · · · · · · ·	Firm/Compan			250	~~~
	111 N ORAN	GE AVE, STE 2000				至是	
			Address			85.55 65.55	1
	ODLANDO E	1 22004				PM 2: 00 EE. FLORID	1
	ORLANDO, F		y/State and Zip	Code		<u> </u>	
	TAUSTIN@O	RLANDOLAW.NET	y out and sip	0000		RIDA	
		E-mail address: (to be used	for future annua	l report notificatio	n)		
For fu	rther information	concerning this matter, please	e call:				
USHI	ER L "LARRY'	" BROWN	at (407	₎ 425-956	36		
	Name	of Person		Code & Daytime	Telephone Numbe	er	
Enclo	sed is a check fo	or the following amount:					
□\$125	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & I Copy I copy is enclosed)	Certified	e of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi Divi Clift 2661	et/Courier Addr stration Section sion of Corporat ton Building I Executive Cent ahassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:		
BLU-C-BOAT, LLC			
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.	")	
ARTICLE II - Address:			
The mailing address and street address of th	e principal office of the Limi	ted Liability Company is:	
Principal Office Address:	Mailing Address:	5 20	
465 SUMMERHAVEN DR	465 SUMMERHAVEN DR	ZOID HAR	7
SUITE D	SUITE D	五	_
DEBARY, FL 32713	DEBARY, FL 32713	<u> </u>	e and
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the server and the Florida street address of the server active.	egistered Agent. You must designate a	gent's Signature 2: 08 gent's Signature 2: 08 in individual aranother 2: 08	
DAVID DOUGHERTY			
Na	ame		
465 SUMMERHAVEN	DR, STE D		
Florida stree	t address (P.O. Box NOT acceptab	le)	
DEBARY	FL 32713		
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

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2010 HAR 26 SEURE VAL
MGR/MGRM	BLU-C-BOAT TRUST 1254 S JOHN YOUNG PARKWAY KISSIMMEE, FL 34741	STOP R
		2: 08
		
(Use attachment if necessary)	data = 5.50 may 3/15/2010	(ORTIONIAL)
LE V: Effective date, if other than the fective date is listed, the date must be 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.)

DAVID DOUGHERTY, AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fees:

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

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