

L10000063266

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.

((H10000138693 3)))



H100001386933ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TRAUIG (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2010 JUN 14 AM 9:34

FILED

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

Email Address: _____

RECEIVED
10 JUN 14 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Blue River Consulting, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

A. LUNT

JUN 15 2010

EXAMINER

FROM : _____

FAX NO. : _____

Jun. 14 2010 07:12AM P2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
BLUE RIVER CONSULTING, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3915 Dumfries Ct.
Apopka, Florida 32712

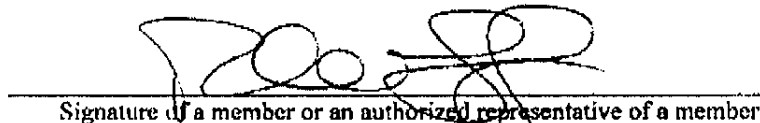
ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

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

Name: Richard Van Slyke
Address: 3915 Dumfries Ct.
Apopka, Florida 32712

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


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.)

Richard Van Slyke
Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2010 JUN 14 AM 9:34

FILED