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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

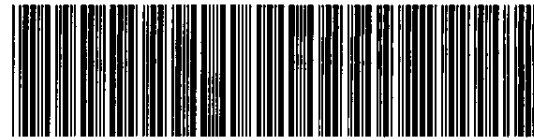
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD
NOV -5 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chrysalis Bleu

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:

Jennifer Vasilakos

Name of Person

Chrysalis Bleu

Firm/Company

9226F Boca Gardens Parkway

Address

Boca Raton, Florida 33496

City/State and Zip Code

chrysalisbleu@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Vasilakos

Name of Person

at (561) 504-9080

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

FAX: 850-245-6051

Jennifer Vasilakos
Chrysalis Bleu
9226F Boca Gardens Parkway
Boca Raton, FL 33496

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6051

10-06-2010

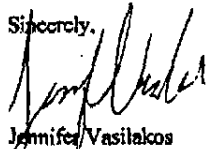
Attention: Gina

I am applying for my Company to be an LLC. I have up to now been incorporated (up to Sept. 24th) and have no intention of reinstating as a corporation. However, I have had my company name for many years and would like to continue to grow my business as an LLC. My company name is "CHRYSLIS BLEU". I appreciate your consideration in allowing me to keep my business name, Chrysalis Bleu.

Enclosed is my check of \$125 for LLC registration.

Thank you for your time.

Sincerely,



Jennifer Vasilakos
www.chrysalisbleu.com
861-504-9080

Attn: Grace

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Chrysalis Bleu, LLC.

(Must end with the words "Limited 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:

Principal Office Address:9226F Boca Gardens Parkway
Boca Raton, FL 33496**Mailing Address:**9226F Boca Gardens Parkway
Boca Raton, FL 33496**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jennifer Vasilakos

Name

9226F Boca Gardens ParkwayFlorida street address (P.O. Box **NOT** acceptable)Boca RatonFL 33496

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

Attn. Gina

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jennifer Vasilakos

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
 (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.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jennifer Vasilakos

 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)