

L10000125378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

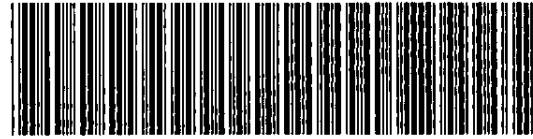
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

DEC - 7 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Blue Island Group, LLC**  
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:

**P R Matthews**  
Name of Person

**Eighteen 21, Inc.**  
Firm/Company

**Box 616681**  
Address

**Orlando, Florida 32861**  
City/State and Zip Code

**Matthews1821@bellsouth.net**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**P R Matthews** at ( **407** ) **294-8794**  
Name of Person 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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Blue Island Group, 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:**

**Mailing Address:**

3545-1 St. Johns Bluff Rd. South  
Suite 133  
Jacksonville, Florida 32224

3545-1 St. Johns Bluff Rd. South  
Suite 133  
Jacksonville, Florida 32224

**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:

P R Matthews

Name

6128 Raleigh Street , Suite 1103

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

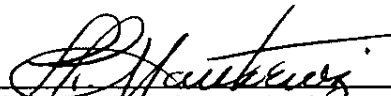
Orlando

FL FL 32861

City, State, and Zip

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*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)

PAUL R. MATTHEWS II  
Matthews1821@bellsouth.net

BOX 610681  
ORLANDO, FLORIDA 32861  
407-294-8704 / FAX 407-294-8795

Registration Section  
Division of Corporations  
Box 6327  
Tallahassee, FL 32314

To Whom It May Concern;

Enclosed are the forms to file for an LLC and a check for such fees. The name of the entity will be "Blue Island Group, LLC". The effective date is to be January 1, 2011.

I will be the Registered Agent and I also hold a POA for Mr. Francis W Peri.

Thank you in advance for your assistance.

Cordially,

  
P R Matthews II

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**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:**

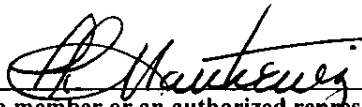
MGRM

Francis W Peri  
2245 Walkers Glenn Lane  
Jacksonville, Florida 32224

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2011. (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.)

**P R Matthews**

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)

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