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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Blu Sushi-Hallandale, L.L.C.				
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:				
Christopher Whitaker				
Name of Person				
Firm/Company				
13451 McGregor Blvd., #23				
Address				
Fort Myers, Florida 33919				
City/State and Zip Code				
Chris@blusushi.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Christopher Whitaker at (239) 267-1165				
Name of Person Area Code & Daytime Telephone Number	<del></del>			
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	of Status &			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

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

ART	ICL	ΕI	- Na	me
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The name of the Limited Liability Company is:

## Blu Sushi-Hallandale, L.L.C.

(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:
13451 McGregor Blvd., #23	13451 McGregor Blvd., #23
Fort Myers, FL 33919	Fort Myers, FL 33919

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:

Douglas E. Spiegel,Esq.

Name

3949 Evans Ave., Ste 206

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

Fort Myers

<sub>FL</sub> 33901

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.

(egistered Ageni'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:

Title:		Name and Address:		
	= Manager I" = Managing Member			
MOKW	- Ivianagnig ivientoei			
MGRM		Christopher Whitaker 13451 McGregor Bivd., #23		
		Fort Myers, FL 33919		
	<del></del>	<del> </del>		
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(Use atta	achment if necessary)			
·	•			
		ate of filing: (OPTIONAL)		
*	· ·	pecific and cannot be more than five business days prior		
to or 90 days aft	er the date of filing.)			
<u>REQUI</u>	RED SIGNATURE:	SAN 12 SAN 12		
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		ATIMAZIO - SE		
	Simple of a mamban a	or an authorized representative of a member.		
	Signature of a member of	or an additionized representative of a member.		
	(In accordance with section 608.40	08(3), Florida Statutes, the execution of this document		
	Lam aware that any false informat	ne penalties of perjury that the facts stated herein are true.		
	constitutes a third degree felony as			
		boutopher Whitaller		
	Type	d or printed name of signee		
	-71-	,		

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)