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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of C	Corporations		
SUBJECT. tucky	/ blue ventures,LL	.C	
Sobsect.		ed Liability Compa	ny
The enclosed Articles	of Organization and fee(s) are	submitted for filing	,
Please return all corre	spondence concerning this mat	ter to the following	:
Mary Fa	nirchild		
		Name of Person	
		Firm/Company	
0754 04	-t- Dd 70 Wt		
9/51 50	ate Road 78 West,	Address	
Okeachol	pee, FL 34974		
ORECOIOL		y/State and Zip Code	
tuckyblue3	3@gmail.com		
	E-mail address: (to be used	for future annual repo	rt notification)
For further informatio	n concerning this matter, please	e call:	:
Mary Fairchild		at (859	792-3148
Nam	e 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 Filin Certified Copy (additional copy	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	purier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF OROZIUZINIO		
ARTICLE 1 - Name:		
The name of the Limited Liability Compa	any is:	
tucky blue ventures,LLC		
	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	the principal office of the Limited Liability Company is:	
Deineinal Office Address	Mailing Address:	
Principal Office Address:	Maning Address:	
9751 State Road 78 West	9751 State Road 78 West	
Lot#23	Lot#23	
Okeechobee, FL 34974	Okeechobee, FL 34974	
The name and the Florida street address of Mary Fairchild	of the registered agent are:	
	Name	
9751 State Ro	ad 78 West, Lot#23	
Florida st	reet address (P.O. Box NOT acceptable)	
Okeechobee	_{FL} 34974	
	City, State, and Zip	
liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S	
M tau	s Signature (REQUIRED)	
Registered Agent s	s signature (vedouven)	

(CONTINUED)

Page 1 of 2

FILED

11 MAY 20 PM 12: 52

SECRETARY OF STATE
TABLAHASSEE, FLORIDA

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

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

MGR	Mary Fairchild	
	State Road 78 West Lot#23	
	Okeechobee, FL 34974	
		
(Use attachment if necessary)		
T TO TAX - TO CO	he date of filing: 05/16/2011	(OPTION)
	t be specific and cannot be more that	

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.)

Mary Fairchild

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)