

L11000106165 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600212086106

09/15/11--01012--018 \*\*130.00

FILED  
11 SEP 15 AM 11:39  
STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 16 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Blood Enterprise, 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:

**Fritzgerald Francois, Esq.**

Name of Person

**Law Offices of Fritzgerald Francois, P.A.**

Firm/Company

**600 S. Dixie Hwy, Suite 206**

Address

**Boca Raton, Florida 33432**

City/State and Zip Code

**fgeraldfrancois@yahoo.com**

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

For further information concerning this matter, please call:

**Fritzgerald Francois, Esq.**

Name of Person

at ( **561** ) **417-7131**

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

FILED  
11 SEP 15 AM 11:39  
TALLAHASSEE, FLORIDA  
STATE

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

**ARTICLE I- NAME**

The name of the Limited Liability Company shall be: BLOO ENTERPRISE, LLC

**ARTICLE II- PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

18359 SW 3rd Street  
Pembroke Pines, Florida 33029

**ARTICLE III- PURPOSE(S)**

The purpose for which this Limited Liability Company is organized:

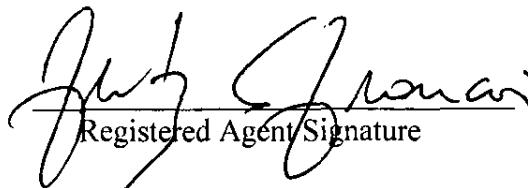
ANY AND ALL LAWFUL BUSINESS.

**ARTICLE VI- INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the registered agent is:

Fritzgerald Francois, Esq  
600 South Dixie Hwy, Suite 206  
Boca Raton, Florida 33432

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 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.

  
\_\_\_\_\_  
Registered Agent Signature

FILED  
11 SEP 15 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII- MANAGER MEMBER**

Title:

Name and Address:

MGRM, President

Huguens Jean  
15605 Everglade Lane, Unit 204  
Bowie, Maryland, 20716

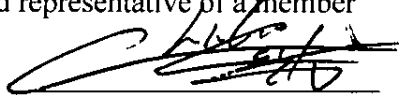
MGRM, Vice-President

Carl Christian  
18359 SW 3<sup>rd</sup> Street  
Pembroke Pines, Florida 33029

MGRM, Treasury

Joseph Valery Andre  
2600 Park Ave, Apt #1M  
Bridgeport, CT 06604

Signature of a member or an authorized representative of a member



Carl Christian

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 15 AM 11:39

FILED