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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

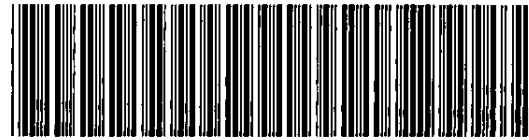
(Business Entity Name)

(Document Number)

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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. at (561) 417-7131
Name of Person Area Code & Daytime Telephone Number

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TALLHASSEE, FLORIDA

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

**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.

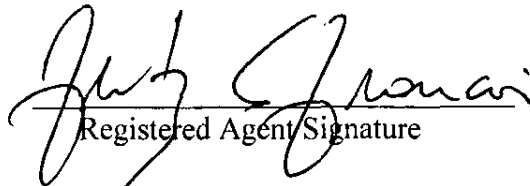
ARTICLE VI- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:

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

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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 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

ARTICLE VII- MANAGER MEMBER

Title:

Name and Address:

MGRM, President

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

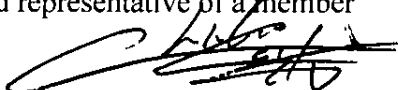
MGRM, Vice-President

Carl Christian
18359 SW 3rd 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

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