11000/15020

(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:

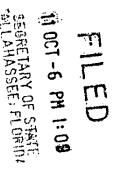
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Effective Date /0/03/11

10/06/11--01019--007 **130.00



J. BRYAN

OCT -7 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blue Jaguar Distributing 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:		
Lester Bennett Name of Person	{	
Blue Jaguar distributing LLC		
Firm/Company		er t
1097 Us 1	2 2	۱۱ سسه
Address 3	5 6 5	5
	SEA	1
Ormond Beach	79 7	
City/State and Zip Code jagfandan@cfl.rr.com	100	
-mail address: (to be used for fluture armual report notification)	7500	
For further information concerning this matter, please call:	~	
lester Bennettat (386) 8464221		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{S130,00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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		

	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Blue Jaguar Distributing LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1097 US1	1094 Indigo rd
Ormond Beach	Ormond Beach
FI 32174	FL 32174
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another Effective Date 10 10 3 11
Lester Bennett	
Name	
1094 Indigo rd	
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
Ormond Beach	_{FL} 32174
City, Sta	ate, and Zip
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. 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)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Manager	ing Member	Name and Address:	A OCI
Lester Bennett MGRM	1094 Indigo rd	五十 6	
		Ormond Beach	vi 2
		FI 32174	- Fig. 3
Aaron Van Ryne MGRM	MGRM	57 Wellshire Lane	
	Palm Coast	2014	
		fl 32164	
(Use attachment if n	ecessary)		
	, the date must	e date of filing: Oct OSE 3, 2016 be specific and cannot be more than five	

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.)

BENNETT 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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