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(Requestor's Name)
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PICK-UP WAIT MAIL
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2011 NOV -7 AM 8: 17
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

NOV 08 2011

COVER LETTER

	Registration Se Division of Cor			ž				
SUBJECT	_{r.} Wild B	lue Ventures	•					
SC DULC		Name of Limite	ed Liability Co	mpany				
The enclose	sed Articles of	Organization and fee(s) are	submitted for f	iling.				
Please retu	urn all correspo	ndence concerning this matt	er to the follow	ving:				
<u>s</u>	teven J	Soto						
			Name of Person	1				
<u>v</u>	Vild Blue	Ventures, LLC						
			Firm/Company					
3	8671 Cha	rdonnay Drive						
			Address					
Ro	ockledge,	FL 32955				SEC	- AON 1102	
			y/State and Zip (Code		22	¥0¥	
W	/ildBlueVer	ntures@yahoo.com				ASS	1	
		E-mail address: (to be used f	or future annual	report notification	on)	EEY Yes	-	
For furthe	r information c	oncerning this matter, please	call:			FLO	AH 8: 1	1.5
Steven	J Soto		_{at (} 321	292-05	556	RIDA	: 17	
	Name o	f Person	- '\	Code & Daytime	Telephone Number			
Enclosed	l is a check for	the following amount:						
▼ \$125.00 F	_	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed	\$160.00 Fil Certificate Certified C (additional co	of Status opy	&	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	et/Courier Add stration Section sion of Corpora on Building Executive Cen hassee, FL 323	itions			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Wild Blue Ventures, LLC	
	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
AILLODD II - AUGI C33.	
The mailing address and street address	of the principal office of the Limited Liability Company
-	
The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company Mailing Address:
-	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

ARTICLE I - Name:

Steven J Soto

Name

3671 Chardonnay Drive

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

Rockledge

FL 32955

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..

Registered Agent'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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Steven J Soto 3671 Chardonnay Drive Rockledge, FL 32955	_
	A:	2011 NOV -7
	SSEE, FLOR	AN 8: I
(Use attachment if necessary)		7
	an the date of filing: (OPT and the specific and cannot be more than five business	
REQUIRED SIGNATURE:		
Str	nember 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.)

Steven J Soto

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)