

L12000003874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

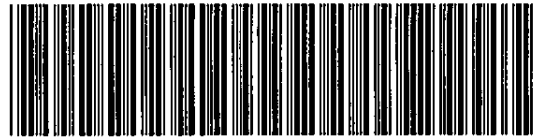
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EFFECTIVE DATE 01/03/12



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01/06/12--01021--002 **130.00

FILED
12 JAN -6 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 09 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Marble Films 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:

Roberta Moore
Name of Person

Blue Marble Films LLC.
Firm/Company

8517 Via Garibaldi Cir #202
Address

Esteros, FL 33928
City/State and Zip Code

robmoorebiz@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberta Moore at (239) 404-4551
Name 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 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

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12 JAN -6 PM 3:00
TALLAHASSEE, FLORIDA
CLERK OF COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Marble Films LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8517 Via Garibaldi Cir #202
Estero, FL 33928

Mailing Address:

Roberta Moore
8517 Via Garibaldi Cir.
Unit 202
Estero, FL 33928

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Roberta Moore

Name

8517 Via Garibaldi Cir. #202

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

Estero FL 33928

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..

Roberta Moore

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 01/03/12

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RYAN BARTON
4930 Tallowood Way
Naples, FL 34116

MGRM

Greg Helton
1224 SW 16th Terrace
Cape Coral, FL 33991

MGRM

Jennifer Marquis
10927 Fieldair Dr.
Naples, FL 34119

MGRM

Roberta Moore
8517 Via Garibaldi Cir. #202
Estero, FL 33928

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/3/2012 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Roberta Moore

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.)

Roberta Moore

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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TALLAHASSEE, FLORIDA