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SECRETARY OF STATE

SECRETARY OF STATE

K. SALY EXAMINER

MAR 2 0 2012.

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	Blue Skies Parrot Toy	rs, LLC
		ited Liability Company
The enclosed	Articles of Organization and fee(s) are	e submitted for filing.
Please return	all correspondence concerning this ma	atter to the following:
She	eila Long	
		Name of Person
-		Firm/Company
107	751 Orbay Bhadan Bas	
107	'51 Orbey Rhoden Roa	Address
Glen	Saint Mary Florida 320	40
		City/State and Zip Code
blues	skiesparrot@aol.com E-mail address: (to be used	for future annual report notification)
For further inf	formation concerning this matter, plea	
Deborah (Groves	at (904) 259-7438
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filing	g Fee \$\sumsymbol{\subsymbol{\sun\symbol{\subsymbol{\subsymbol{\sun\symbol{\subsymbol{\subsymbo	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limite
Blue Skies Par

d Liability Company is:

Blue Skies	Parrot	Toys,	LLC
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(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:	Mailing Address:
10751 Orbey Rhoden Road	10751 Orbey Rhoden Road
Glen Saint Mary	Glen Saint Mary
Florida 32040	Florida 32040
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the residual control of the residual cont	ered Agent. You must designate an individual or another
Name	PSSE ED
10751 Orbey Rho	oden Road
Florida street add	ress (P.O. Box NOT acceptable)
Glen Saint Mary	FL 32040

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..

City, State, and Zip

Page 1 of 2

(CONTINUED)

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

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

Sheila Long 10751 Orbey Rhoden Road Glen Saint Mary, Florida 32040 Deborah Groves 20316 Johnnie Groves Road Sanderson, Florida 32087
10751 Orbey Rhoden Road Glen Saint Mary, Florida 32040 Deborah Groves 20316 Johnnie Groves Road
Glen Saint Mary, Florida 32040 Deborah Groves 20316 Johnnie Groves Road
Deborah Groves 20316 Johnnie Groves Road
20316 Johnnie Groves Road
Sanderson, Florida 32087
of filing: 03/19/2012 . (OPTIONA cific and cannot be more than five business day

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.)

Sheila Long

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)