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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT. BLUESHORE DISTRIBUTION LLC
	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	VINTON CLARKE
	Name of Person
	BLUESHORE DISTRIBUTION LLC
	Firm/Company
	4625 S.W. INAGUA ST
	Address
Ę	PORT ST.LUCIE FL 34953
	City/State and Zip Code
-	longhorn_05@hotmail.com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
RAN	DY GUDIPATI at (801) 784-6019 EXT 800
	Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

The name of the Limited Liability Company is:
BLUESHORE DISTRIBUTION LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

PORT ST. LUCIE FL 34953

4625 S.W. INAGUA ST.

ADTICLE I Nome.

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

Mailing Address:

4625 S.W. INAGUA ST. PORT ST. LUCIE FL 34953

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individuality with an active Florida registration.)	
The name and the Florida street address of the registered agent are: VINTON CLARKE	12 P
Name	2
4625 S.W. INAGUA ST.	
Florida street address (P.O. Box NOT acceptable)	平 工
PORT ST. LUCIE _{FL} 34953	5.5 S
City, State, and Zip	が行う

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)

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	VINTON CLARKE
	4625 S.W. INAGUA ST
	PORT ST. LUCIE, FL, 34953
·	
(Use attachment if necessary)	
LE V: Effective date, if other the ffective date is listed, the date in days after the date of filing.)	nan the date of filing: (OPTIONA nust be specific and cannot be more than five business day
REQUIRED SIGNATURE:	
Vu	ten & Claule
Signature of a	member or an authorized representative of a member.

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.)

VINTON CLARKE 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)