L12000128444

| (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: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2





900240540919

10/08/12--01011--019 **125.00

12 OCT -8 AM 10: 58

B. BOSTICK

OCT - 9 2012

EXAMINER

COVER LETTER

| TO: Registration Section, Division of Corporations | |
|---|----------|
| SUBJECT: Don Red Starr Aquablue 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: | |
| Irving Don | |
| Name of Person | |
| | |
| Firm/Company | |
| 1-02-7 C. 11 // C. 1 2.1 | |
| 17837 Fieldbrock Circle W. | |
| 7 | |
| Boca Raton, FL 33496 | ţ |
| City/State and Zip Code | |
| | <u>.</u> |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | į. |
| C = C + C + C + C + C + C + C + C + C + | |
| Irving Don at 561, 443-2003 | |
| Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| | |
| \$125.00 Filing Fee \$\ \tag{\$130.00 Filing Fee & \tag{\$155.00 Filing Fee & \tag{\$160.00 Filing Fee,}}\$ Certificate of Status Certified Copy Certificate of Status & | |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| (additional copy is enclosed) | |
| Mailing Address Street/Courier Address | |
| Registration Section Registration Section Division of Corporations Division of Corporations | |
| P.O. Box 6327 Clifton Building | |
| Tallahassee, FL 32314 2661 Executive Center Circle | |

Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Don Re | dStarr Act the words "Lin | quable Kited Liability Con | LLC pany, "L.L.C.," or | "LLC.") | - | |
|---|--|-------------------------------|---------------------------|--------------------|--------------------------|---------|
| ARTICLE II - Add The mailing address | dress: s and street address | of the principa | ıl office of the | Limited Liab | oility Comp | any is: |
| Principal Office A | ddress: | Ma | iling Address | <u>:</u> | | |
| 17837 F Boca Rat | ieldbrook Cir | cle W | 17837 3000 Rat | Fieldbroom, FL | <u>K Circle</u> 33496 | W. |
| The Limited Liability Corbusiness entity with an ac | gistered Agent, Rempany cannot serve as its ctive Florida registration.) | own Registered Ag | gent. You must des | ignate an individu | al or another | |
| Γhe name and the F | Irving 17837 F | Don Name | | | 0CT -8 AN IO: 59 | |
| • | Florida | street address (P | _ | 4 | 9.59 6.356 | |

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

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: |
|--|---|
| MERM | Irving Don 17837 Fieldbrock Circle W. Boca Raton, FL 33496 |
| | |
| THE STATE OF THE PARTY AND ADDRESS AND ADD | CC |
| (Use attachment if necessary) | #110: <u>5</u> 9 |
| ARTICLE V: Effective date, if other than the | date of filing: (OPTIONAL) especific and cannot be more than five business days prior |
| <u>required</u> signature: | |

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.)

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)