# 12000142200

(Requ	estor's Name)	
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Effective Date 01/01/13

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THE PH 2: 10
SECRETARY OF STATE

J. BRYAN

NOV -9 2012

EXAMINED

# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Project Blu	je LLC.	
<u> </u>		Liability Company	
The enclosed Articles of	Organization and fee(s) are sul	bmitted for filing.	TALLANDSSEE FLO
Please return all correspondent	ondence concerning this matter	to the following:	
LANCE	2 SAVARIA		Total of T
	2 SAVARIA	ame of Person	
Proje	ct Blue LLC		6
	F	iπn/Company	y
1314	E.LAS OLA	as Blvd. st	e. 805
		Address	
Fort	Lauderdale	Florida	33301-0000
	City/S	tate and Zip Code	
L	E-mail address: (to be used for	future annual report notification)	<del></del>
	oncerning this matter, please ca		
	,		
LANCE SA	VACIA a	at ( 646 ) 831 7	552
Name o	i reison	Area Code & Daytime Ten	ejmone (vuinbei
Enclosed is a check for	r 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 Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s

# ARTICLE I - Name: The name of the Limited Liability Company is: Project Blue 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: Mailing Address: Mailing Address: 1314 E. Las Olas Blod. Ste, 805 Fort Landerdale Fla 33301 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.) Effective Halbate 01/01/13 The name and the Florida street address of the registered agent are: LANCE SAVACIA Name

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.

1314 E. Jas Dlas Blvd. Ste 805
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale FL 33301
City, State, and Zip

Page 1 of 2

(CONTINUED)

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

ARTICLE IV- Manager(s) or Man The name and address of each Mana	naging Member(s): ager or Managing Member is as follows:	!
<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	<u>ر</u>
MGRM	LANCE SAVARIA  1314 E. Las Olas Blvd.  Ste. 805 Fort Lauderdace  Fla 53301	

ARTICLE V: Effective date, if other than the date of filing: <u>Jan 1, 2013</u>. (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:**

(Use attachment if necessary)

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.)

SAVACIA
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)