

L13000013620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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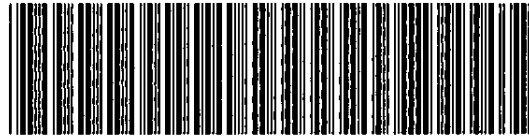
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 19 2012

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Line Industries LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fredrick L Eldridge

Name of Person

Blue Line Industries LLC

Firm/Company

400 North St, suite 176

Address

Longwood Fl, 32750

City/State and Zip Code

Wholesale_direct@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Eldridge

Name of Person

at (321) 439-4340

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

FILED
2013 FEB 18 PM 12:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: Blue Line Industries LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

I was not sure and filled in Latonia Eldridge and Reeper Haven as a manager. I was made aware that Latonia should not be on the LLC,

nor should Reeper Haven. I need to remove Latonia Eldridge and Reeper Haven from the Manager section and put Myself.

I am the one and only person, the MGRM for Blue Line Industries LLC, and I need that to be listed that way.

I Placed Reeper Haven as the DBA under Blue Line Industries. Fredrick Eldridge 105 Pineapple Ct, Longwood, FL, 32750.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 01/29, 2013

F. Eldridge
Signature of a member or authorized representative of a member

Fredrick Eldridge

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2013 FEB 10 PM 12:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L13000013620
FILED 8:00 AM
January 28, 2013
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
BLUE LINE INDUSTRIES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
400 NORTH ST
SUITE 176
LONGWOOD, FL. 32750

The mailing address of the Limited Liability Company is:
POB 522552
LONGWOOD, FL. 32752

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
FREDRICK L ELDRIDGE
105 PINEAPPLE CT
LONGWOOD FL, FL. 32750

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.

Registered Agent Signature: FREDRICK ELDRIDGE

Article V

The name and address of managing members/managers are:

Title: MRG
LATONIA E ELDRIDGE
POB 522552
LONGWOOD, FL. 32752

Title: MGR
REEPER HAVEN
400 NORTH ST, SUITE 176
LONGWOOD, FL. 32750

L13000013620
FILED 8:00 AM
January 28, 2013
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

01/21/2013

Signature of member or an authorized representative of a member

Electronic Signature: FREDRICK ELDRIDGE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.