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AND ASSET FLORIDA

K.SALY EXAMINER MAY 17 2013 (850) 245-6051.

COVER LETTER

	istration Section sion of Corporations
SUBJECT	Sarah Blizzard, LLC
000000	Name of Limited Liability Company
The enclos	Articles of Organization and fee(s) are submitted for filing.
Please retu	all correspondence concerning this matter to the following:
S	rah Blizzard
	Name of Person
S	rah Blizzard, LLC
5	Firm/Company 43 Blue Major Drive
V	ndermere, FL 34786
bli	City/State and Zip Code zarnp@yahoo.com
For further	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:
Sara	Blizzard407 590-1395
	Name of Person Area Code & Daytime Telephone Number
Enclosed	a check for the following amount:
3 \$125.00	ling Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Moiling Address Street/Courier Address

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sarah Blizzard, LLC	SI CONTRACTOR SILON
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addr	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5043 Blue Major Drive	5043 Blue Major Drive
Windermere, FL 34786	Windermere, FL 34786
	=10 = == == == == == == == == == == == ==
(The Limited Liability Company cannot serve a business entity with an active Florida registrat	s its own Registered Agent. You must designate an individual or another ion.) lress of the registered agent are:
(The Limited Liability Company cannot serve a business entity with an active Florida registrate.) The name and the Florida street additional contents of the	s its own Registered Agent. You must designate an individual or another ion.)
(The Limited Liability Company cannot serve a business entity with an active Florida registrate.) The name and the Florida street additional contents of the	s its own Registered Agent. You must designate an individual or another ion.) lress of the registered agent are:
(The Limited Liability Company cannot serve a business entity with an active Florida registrate.) The name and the Florida street additional active Bryan Blizzard 5043 Blue Major Dr	s its own Registered Agent. You must designate an individual or another ion.) lress of the registered agent are:
(The Limited Liability Company cannot serve a business entity with an active Florida registrate.) The name and the Florida street additional active Bryan Blizzard 5043 Blue Major Dr	s its own Registered Agent. You must designate an individual or another ion.) lress of the registered agent are: Name ive orida street address (P.O. Box NOT acceptable)
(The Limited Liability Company cannot serve a business entity with an active Florida registrate.) The name and the Florida street add Bryan Blizzard 5043 Blue Major Dr	s its own Registered Agent. You must designate an individual or another ion.) Iress of the registered agent are: Name ive prida street address (P.O. Box NOT acceptable)
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The name and the Florida street add Bryan Blizzard 5043 Blue Major Dr Florida with an active Florida street add Bryan Blizzard 4043 Blue Major Dr Florida street add 6043 Blue Major Dr Florida street add 6045 Blue Major Dr Florida street add 605 Blue	s its own Registered Agent. You must designate an individual or another ion.) Iress of the registered agent are: Name ive orida street address (P.O. Box NOT acceptable) L 34786 FL City, State, and Zip regent and to accept service of process for the above stated limite

(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:

"MGRM" = Man	er aging Member	
MGR		Sarah Blizzard
		5043 Blue Major Drive
		Windermere, FL 34786
	_	
		
	_	
Lice attachment i	f necessary)	
LE V: Effective of fective date is li	date, if other than the	date of filing: (OPTION be specific and cannot be more than five busin
LE V: Effective of fective date is line or 90 days after	date, if other than the sted, the date must the date of filing.)	be specific and cannot be more than five busing
LE V: Effective of fective date is line or 90 days after	date, if other than the sted, the date must the date of filing.)	date of filing: (OPTION be specific and cannot be more than five busing or an authorized representative of a member.
LE V: Effective of fective date is library of days after REQUIRED SIG	date, if other than the sted, the date must the date of filing.) Signature of members of members an affirmation under vare that any false inform	be specific and cannot be more than five busing
fective date is li or 90 days after REQUIRED SIC (In according to the constitution of the constitution o	date, if other than the sted, the date must the date of filing.) Signature of members of members an affirmation under vare that any false inform	or an authorized representative of a member. 408(3). Plorida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In a submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)