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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

IP Blue Software Solutions, 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:

David C. Egan, CPA

Name of Person

Goldenthal & Suss, CPA's & Consultants P.C.

Firm/Company

465 Belfield Avenue

Address

Staten Island, NY 10312

City/State and Zip Code

jeannine@gosucpa.com

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

For further information concerning this matter, please call:

Jeannine Adams

,718 227-603

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name: the Limited Liability Compar	ns, jo	<u>्रिश्</u>
The name of t	the Entitled Elabinity Compar	119 15.	TOTAL 15
			To the second
IP Blue Software			
	(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	用料理
ARTICLE II	- Address:		Es 4
		the principal office of the Limited Liabi	lity Company is: {
Principal Off	ice Address:	Mailing Address:	*
232 Ocean Bay D	Drive	232 Ocean Bay Drive	
Jensen Beach, Fl 34957		Jensen Beach, Fl 34957	
business entity wi	lity Company cannot serve as its own than active Florida registration.) the Florida street address of David Sullivan	Registered Agent. You must designate an individua the registered agent are:	l or another
		Vame	
	232 Ocean Bay Drive		
	Florida stre	et address (P.O. Box <u>NOT</u> acceptable)	
	Jensen Beach	_{FL} 34957	
	Ci	ty, State, and Zip	
liability co	mpany at the place designate	d to accept service of process for the abo d in this certificate, I hereby accept the a apacity. I further agree to comply with i	ippointment 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)

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: Title: "MGR" = Manager "MGRM" = Managing Member MGMR David Sullivan 232 Ocean Bay Drive Jensen Beach, FL 34957

ARTICLE V: Effective date, if other than the date of filing: ______. (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:

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.)

David Sullivan

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)