

# L13000150588

\_\_\_\_\_  
(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:

Office Use Only



500249817845

09/23/13--01041--008 \*\*130.00

FILED  
2013 OCT 24 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 25 2013

T CLINE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2013

CHRIS RUCKER  
138 BAXTER STREET, 4TH FLOOR  
NEW YORK, NY 10013

SUBJECT: BLUE WILSON L.L.C.  
Ref. Number: W13000053009

We have received your document for BLUE WILSON L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 23, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 013A00022379

2013 OCT 24 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE WILSON 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:

CHRIS RUCKER

Name of Person

BLUE WILSON LLC

Firm/Company

138 BAXTER STREET 4<sup>TH</sup> FLOOR

Address

NEW YORK NY 10013

City/State and Zip Code

CHRIS@RUCKERCORP.COM

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

For further information concerning this matter, please call:

CHRIS RUCKER

Name of Person

at ( 646 ) 345-5460

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

2013 OCT 24 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUE WILSON L.L.C.

(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:

138 BAXTER STREET 4<sup>TH</sup> FLOOR  
NEW YORK NY 10013

138 BAXTER STREET 4<sup>TH</sup> FLOOR  
NEW YORK NY 10013

## 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.)

The name and the Florida street address of the registered agent are:

STEPHEN WOLTER

Name

158 OCEAN DRIVE #202

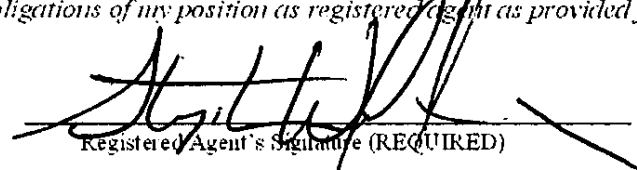
Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH FL 33139

City, State, and Zip

FILED  
2013 OCT 24 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 60S, F.S.*

x   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

**Name and Address:**

MGR

CHRIS RUCKER

138 BAXTER STREET 4<sup>TH</sup> FLOOR

NEW YORK NY 10013

MGR

MIKE SCHREIBER

645 E. 11<sup>TH</sup> ST APT 4A

NEW YORK NY 10009

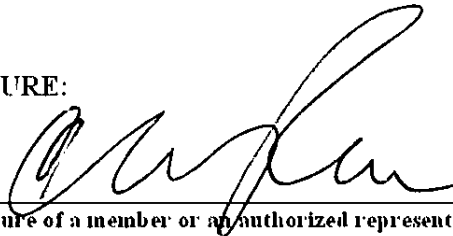
(Use attachment if necessary)

**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:**

x



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.)

x

CHRIS RUCKER

Typed or printed name of signer

**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)**

2013 OCT 24 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED