43000172328

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300253933873

12/12/13--01013--018 **125.00

Effective Date 12/10/13

SECRETARY OF CHAIL

3DEC 12 AKII: 21

DEC 1 3 2013

T. HAMPTON

, , ,	COVE	K LEIJEN	
TO: Registration Section Division of Corpora		4	
SUBJECT: Dest	in Blue,	L	, , , , , , , , , , , , , , , , , , ,
The enclosed Articles of Orga	anization and fee(s) are	submitted for filing.	
Please return all corresponder	nce concerning this matt	er to the following:	
	Ralph Abr	raham Tr. Name of Person	
,	Destin Bl	WC, LLC.	
5.		Drive Address	
		ach, FL 3259 y/State and Zip Code Comcast, Net For future annual report notification)	50
<u> </u>	mail address: (to be used f	Comcast, Net	
For further information conce			
Ralph Abro	sham son	at (601) 270 -	3724 hone Number
Enclosed is a check for the	following amount:		
_	130.00 Filing Fee & ertificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Marticle II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 9300 Bayfowne Wharf Blod. 2 ^{M4} Floor Lobby, Suite A Miramar Beach, FL 32550 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: Palph Abraham Tr. Name S284 Tivol' Drive Florida street address (P.O. Box NOT acceptable) Miramar Beach FL 32550 City, State, and Zip 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. Registered Agent's Signature (REQUIRED) Page 1 of 2	ARTICLE I - Name: The name of the Limited Liability Company is:	Effective Date 12/10/13			
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 9300 Bayfowne Whorf Blod. 284 Tivoli Orive Miramar Beach, FL 32550 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: Ralph Abraham Ir.	Destin Blue, LLC. (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")			
9300 Baytowne Wharf Blud. 2 ^M Floor Lobby, Suite A Miramar Beach, FL 32550 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: Ralph Abraham Ir.					
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: Ralph Abraham Ir.	Principal Office Address:	Mailing Address:			
(CONTINUED) The name and the Florida street address of the 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: Ralph Abraham Tr.	9300 Baytowne Wharf Blud. 2 Nd Floor Lobby, Suite A Miramar, Beach, FL 32550	S284 Tivoli Drive Miramar Beach, FL 32550			
Ralph Abraham Tr. Name 5284 Tivoli Drive Florida street address (P.O. Box NOT acceptable) Miramar Beach FL 3250 City, State, and Zip 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. Registered Agent's Signature (REQUIRED)	(The Limited Liability Company cannot serve as its own Register				
Florida street address (P.O. Box NOT acceptable) Miramar Beach FL 32550 City, State, and Zip 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. Registered Agent's Signature (REQUIRED)		-			
Florida street address (P.O. Box NOT acceptable) Miramar Beach FL 32550 City, State, and Zip 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. Registered Agent's Signature (REQUIRED)	Ralph Abrahan	m Ir.			
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 Registered Agent's Signature (REQUIRED)	Florida street address (P.O. Box NOT acceptable)				
(CONTINUED)	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				
(CONTINUED)	Registered Agent's Signatur	raham & PSEC 33			
	· ·	ED)			

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:
MGRM	Ralph Abraham Jr. 5284 Tivoli Drive Hiramar Beach, FL 32550
MGRM	Carla Abraham 109 West Canebrake Blud. Hattiesburg, MS 39402
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	e date of filing: 12/10/2013. (OPTIONAL) at be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false inform	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
	When the signee AHASSES TO THE SECOND TO THE
Filing Fees: \$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optiona	anization and Designation