

L14000090594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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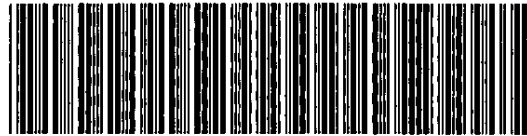
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
16 JUN -2 PM 2:40

JUN 05 2014
J. HARRIS

John A. Dwyer

Attorney at Law

506 North Alexander Street
Post Office Box 848
Plant City, Florida 33564-0848

Masters of Laws in Taxation

Phone: 813-754-1198

Fax: 813-754-7759

May 23, 2014

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32301

Re: FIELD OF BLUE, LLC

Gentlemen:


Please find enclosed an **original** and one copy of the Articles of Incorporation of Field of Blue, LLC which we would appreciate your filing in your records.

Also enclosed is my check for \$155.00 to cover the following costs:

Filing fee	\$100.00
Registered Agent Designation	\$ 25.00
Certified copy	<u>\$ 30.00</u>
Total	\$155.00

Please return a certified copy of the Articles to the undersigned.

Very truly yours,


John A. Dwyer

JAD:lm
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Field of Blue, 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:

John A. Dwyer

Name of Person

Firm/Company

506 North Alexander Street

Address

Plant City, Florida 33563

City/State and Zip Code

cratcliff2@verizon.net

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

For further information concerning this matter, please call:

John A. Dwyer

Name of Person

at (**813**) **754-1198**

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 name of the Limited Liability Company is:

Field of Blue, LLC

(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:

2218 Glen Mist Drive
Valrico, Florida 33595

Mailing Address:

2218 Glen Mist Drive
Valrico, Florida 33595

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:

John A. Dwyer

Name

506 North Alexander Street

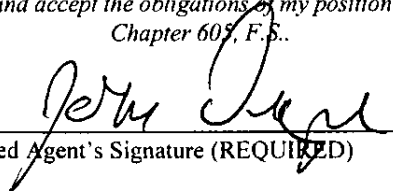
Florida street address (P.O. Box **NOT** acceptable)

Plant City
City

FL

33563
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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Geraldine Ratcliff

13834 Meadow Oaks Drive

Dover, Florida 33527

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

** Geraldine Ratcliff*

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Geraldine Ratcliff

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)

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DIVISION OF CORPORATIONS
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