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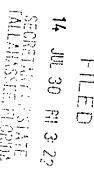
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/30/14--01007--009 **125.00



S. YOUNG

TALLULAH BLUE

July 24, 2014

To Whom it May Concern:

This is to request for a LLC status of my company.

Danielle M. Suddath

1001 Kings Avenue Suite 3

Jacksonville, Florida 32207

904-762-8826

Regards,

Danielle M. Suddath

FILED

SECRETARIA FIGURES

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tallulah Blve, 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:
Danielle M. Suddath Name of Person
Name of Person
Tallulah Blue, LLC
Firm/Company
1001 Kings Avenue Suite 3
Address
City/State and Zip Code Can ielle suddatheath. net E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Suddath at 904 707-0516 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Status Stat
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

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:		
Tallulah (Must end with the words "Limite	Blue LLC d Liability Company, "L.L.C.," or "I	<u>1C.,)</u>
ARTICLE II - Address: The mailing address and street address of the principal		
Principal Office Address:	Mailing Address: 1001 Kings Address Tackson vive	Venue Suite 3 , Fl32207
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registrati	n Registered Agent. You must design	nate an individual or
The name and the Florida street address of the registere Danielle Name Name Name Name Name Florida street address (P.O. Bottom V.M.)	d agent are: M. Suddath ie S Avenue Suit ox NOT acceptable) E FL 32707 Zip	te3
Having been named as registered agent and to accept s the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o	ervice of process for the above stated opt the appointment as registered agents of all statutes relating to the proper bligations of my position as registered pter 605, F.S The part of the process of the proper of the prope	limited liability company at and agree to act in this and complete performance d agent as provided for in
		25- Q 37- N

Title: "AMBR" = Authorized M "MGR" = Manager		ne and Address:		_
AMBR_		Danielle M. S 1001 rugs aver	uddath rue snitu 3	- - - -
				- - -
(II)				_
ective date is listed, the d	er than the date of filing:	not be more than five busin	(OPTIONAL) ess days prior to or	90 day
LE V: Effective date, if oth fective date is listed, the d of filing.)	er than the date of filing:ate must be specific and can	not be more than five busin	(OPTIONAL) ess days prior to or	90 day
LE V: Effective date, if oth fective date is listed, the d of filing.)	er than the date of filing:ate must be specific and can	not be more than five busin	(OPTIONAL) ess days prior to or	90 day
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