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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue SKy Proporty LLC Name of Limited Liability Company
There of Diffice Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sanda J. Marshall Name of Person
Name of Person
Blue Sky Proporty LLC Firm/Company
Firm/Company
9861 Gardon Place
Address
Germanlown, TN 38139 City/State and Zip Code
City/State and Zip Code
STM E ag 105 @ AOL. COM E-mail address: (to be used for future annual report notification) STMERGLES BAOL. COM
E-mail address: (to be used for future annual report notification) 57 MERGLES BROK. COM
For further information concerning this matter, please call:
Sandra Marshall at (901) 581-7370 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigs\tag{\text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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:	
Blue SKu Proportu	LLC
(Must end with the words "Limited L	liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address: Mailing	<u> Address:</u>
9861 Garian P1	9861 Gardon Plans
Germantown TN 38139	Garmantown, TN 38139
The name and the Florida street address of the registered at C T Corporation Name 1200 South	
Florida street address (P.O. Box N	IOT acceptable)
Plantation	ят 33324
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance actions of my position as registered agent as provided for in 605, F.S Sterra Buttis Vice President & Assistant Secretary re (REQUIRED)
(CONTINUE	27 CA

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Sandra J Marshall
	German Plan BRIZE
MGR	
MON	Kinbork, A Schwartz
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per Ambk	October L. Schwartz, Truster
	Hardo Cohwatz Living Tonaly, 1997 Hardo Cohwatz Living Paris AR 72855
AMBR	Haroto Sahar + 7 Tuston 70855
HILOK	Harold G. Schwartz Kiving Trust Janua 14
	1997
(Use attachment if necessary)	
ARTICLE V. Effective date if other than the da	te of filing: (OPTIONAL)
(If an effective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
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(If an effective date is listed, the date must be a the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false in the date must be a section constitute.)	nember or an authorized representative of a member. no 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
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