

L15000006291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

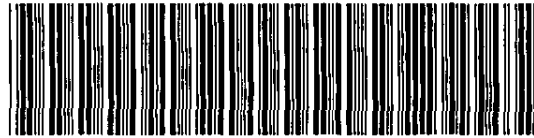
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267694060

01/12/15--01033--022 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 JAN 12 PM 3:11
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
FILED
15 JAN 12 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 13 2015

T. HAMPTON

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GREAT Blue Heron LLC (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

Great Blue Heron LLC

ARTICLE I - NAME

The name of this Limited Liability Company is Great Blue Heron LLC.

ARTICLE II - DURATION

The period of duration of this Limited Liability Company shall be perpetual from the date of the issuance of a Certificate of Organization from the State of Florida.

ARTICLE III - PRINCIPAL OFFICE / MAILING ADDRESS

The principal place of business shall be:

3737 Collins Avenue, Unit North-401
Miami Beach, FL 33139

and the mailing address of this Company is:

3737 Collins Avenue, Unit North-401
Miami Beach, FL 33139

FILED
15 JAN 12 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Limited Liability Company is 3732 Northwest 16th Street, Fort Lauderdale, Florida 33311 and the name of the initial Registered Agent of this Limited Liability Company at that address is Filings, Inc. a Florida Corporation.

ARTICLE V - MEMBERS

This Limited Liability Company has one Member whose name and address is:

Gabriela Gordon-Smith
3737 Collins Avenue, Unit North-401, Miami Beach, FL 33139

No additional Members shall be admitted unless all Members, (including any additional Members, other than original Members) shall unanimously agree, and on such terms and conditions as shall be agreed unanimously.

The death, retirement, resignation, expulsion, bankruptcy or dissolution of any Member, or the occurrence of any event which terminates the continued membership of a Member of this Limited Liability Company, shall terminate this Company, unless, the remaining Members shall unanimously agree to continue the business of the Company, in which event, this Company shall not so terminate.

ARTICLE VI - MANAGEMENT

The management of this Limited Liability Company is reserved to the Members of the Company, in proportion to their contributions to the capital of this Limited Liability Company. The power to adopt, alter, amend or repeal the regulations of this Limited Liability Company shall be vested in the Members of the Company.

The Authorized Member or the Authorized Members as appointed by the Members of this Limited Liability Company shall be authorized to manage and control this Limited Liability Company. Unless earlier reaffirmed, revised, revoked or cancelled by the Members of this Limited Liability Company, this Authority shall be cancelled 5 years from the date of the issuance of a Certificate of Organization from the Secretary of State of the State of Florida.

FILED
15 JAN 12 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name and address of the Authorized Member is:

Gabriela Gordon-Smith

3737 Collins Avenue, Unit North-401, Miami Beach, FL 33139

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization on the date of signing.

Dated: January 12, 2015

Filings, Inc.

By Teresa Roman, Vice-President

Teresa Roman

Authorized Representative
of a Member

FILED
15 JAN 12 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate designating place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

In compliance with section 605.0201, Florida Statutes, the following is submitted:

First that, Great Blue Heron LLC desiring to organize or qualify under the law of the State of Florida, has named Filings, Inc., a Florida corporation, located at 3732 Northwest 16th Street, Fort Lauderdale, Florida 33311 as its agent to accept process of service within Florida.

Dated: January 12, 2015

Filings, Inc.

By Teresa Roman, Vice-President

Teresa Roman

Authorized Representative
of a Member

Having been named to accept process of service for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: January 12, 2015

Filings, Inc.

By Teresa Roman, Vice-President

Teresa Roman

FILED
15 JAN 12 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA