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	(Requ	iestor's Name	e)
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PICK-	UP		MAIL
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Certified Copies		Certificat	es of Status
Special Instruction	ns to Fi	ling Officer:	



200267710792

01/02/15--01026--022 **130.00

COVER LETTER

Division of Corporations
SUBJECT: Blue Bird VA 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:
Churyl R. MiAlouse Name of Person
Blue Bird VA Firm/Company
Firm/Company
13150 Broad hurrst Loop #2
Fort Myers, FL 33919 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cheryl R. M'Alpin at (239) 851-9106 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee \times 155.00 Filing Fee \times 155.00 Filing Fee \times 155.00 Filing Fee \times 155.00 Filing Fee \times 160.00 Filing Fee, Certificate of Status \times 160.00 Filing Fee, Cer

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

The name of the Limited Liability Company is:	
Blue Bird VA ILC (Must end with the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address: Mailing A	Address:
Fort Myers, FL 33919 Fort	D Broadhurst Loop #2 Myers, FL 33919
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Name	ine.
13150 By and heaves La Florida street address (P.O. Box NOT accept	able)
Fort Myers, FL	33919 Zip
Having been named as registered agent and to accept service of proce the place designated in this certificate, I hereby accept the appoints capacity. I further agree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the obligations of m Chapter 605, F.S.	nent as registered agent and agree to act in this relating to the proper and complete performance
Registered (A)gent's Signature (REQUI	RED)
(CONTINUED) Page 1 of 2	SEE P
	12:55 SIAIE LORIDA

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MC-R	Cherul R. McAlaine 1350 Broad huxst 120p +2 Fort Myers, Fr 33919
effective date is listed, the date must be	te of filing: 12 - 31 - 20) 4 . (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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ARTICLE IV-