

**L15000023987**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
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DIVISION OF CORPORATIONS  
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**FLORIDA LIMITED LIABILITY CO.**

*Blue Heron Holdings, LLC*

Certificate of Status	0
Certified Copy	1
Page Count	02
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FEB 04 2015

J. BRUCE



January 30, 2015

FASTKIT CORP

SUBJECT: BLUE HERON, LLC  
REF: W15000006911

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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TALLAHASSEE, FLORIDA

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Blue Heron Holdings, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

510 Loudon Ave.  
Dunedin, FL. 34698

Mailing Address:

510 Loudon Ave.  
Dunedin, FL. 34698

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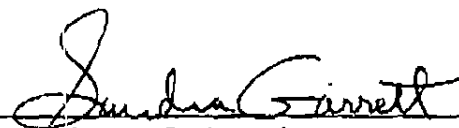
**ARTICLE III – Registered Agent, Registered Office & Registered Agents Signature:**

(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:

Sandra Garrett  
510 Loudon Ave  
Dunedin, FL. 34698

*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..*

  
Sandra Garrett, Registered Agent

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGRM"

Sandra Garrett  
510 Loudon Ave  
Dunedin, FL 34698

"MGR"

William Garrett  
510 Loudon Ave  
Dunedin, FL 34698

(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 filing date.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 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.)

Sandra Garrett

Typed or printed name of signee

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