

L15000030445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

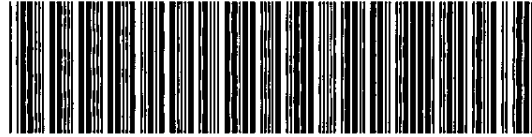
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 FEB 10 PM 2:10  
TALLAHASSEE FLORIDA  
CLERK OF SUPERIOR COURT

FEB 19 2015  
J. BRUCH

**ANCHORS SMITH GRIMSLEY  
PROFESSIONAL LIMITED COMPANY  
ATTORNEYS AND COUNSELORS AT LAW  
909 Mar Walt Drive, Suite 1014  
P. O. Box 2379  
FORT WALTON BEACH, FLORIDA 32549  
TELEPHONE (850) 863-4064  
TELECOPIER (850) 664-5728**

February 4, 2015

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

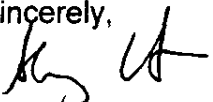
RE: Bloodlyne, LLC

To Whom It May Concern:

Enclosed please find the original Articles of Organization with Cover Letter for the above entity along with a check made payable to the Department of State for \$125.00 for the necessary fee. If you need any further information, please do not hesitate to contact me.

Thank you for your consideration of this matter.

Sincerely,

  
SHIRAZ A. HOSEIN, ESQ.

Enclosures as stated

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bloodlyne, 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:

Gerald Jones and Reginald Blackmon  
Name of Person

Firm/Company

548 Mary Esther Cutoff NW, PMB 170  
Address

Fort Walton Beach, FL 32548  
City/State and Zip Code

geraldjones397@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shiraz A. Hosein at ( 850 ) 863-4064  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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

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TALLAHASSEE, FLORIDA  
CLERK OF COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bloodlyne, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

2406 Winter Park Court  
Fort Walton Beach, FL 32547

**Mailing Address:**

548 Mary Esther Cutoff NW  
PMB 170  
Fort Walton Beach, FL 32548

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's 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:

Ramona Rowe

Name

931 Roanoke Court

Florida street address (P.O. Box **NOT** acceptable)

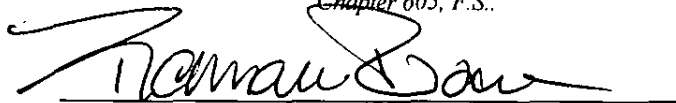
Fort Walton Beach

City

FL 32547

Zip

*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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Gerald Jones

548 Mary Esther Cutoff NW, PMB 170

Fort Walton Beach, FL 32548

MGR

Reginald Blackman

548 Mary Esther Cutoff NW, PMB 170

Fort Walton Beach, FL 32548

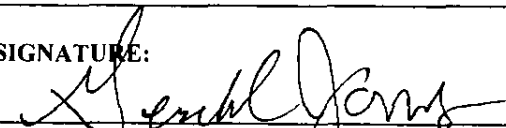
(Use attachment if necessary)

**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 date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), 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.)

Gerald Jones

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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DEPT OF STATE  
TALLAHASSEE FLORIDA