

, · · · · · · · · · · · · · · · · · · ·	VER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: <u>BluePepper REI, L.L.C.</u> Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Fabio A. Tylim	Name of Person
BluePepper REI, L.L.C.	Firm/Company
10325 NW 51st Street	Address
Coral Springs, FL 33076 C	orporations opper REL1LLC. Name of Limited Liability Company of Organization and fee(s) are submitted for filing. pondence concerning this matter to the following: Tylim Name of Person er RELLLC. Firm/Company Y 51st Street Address Ings. FL 33076 City/State and Zip Code ocom E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (954 at (954 S130.00 Filing Fee & Certificate of Status City/State and copy is enclosed) It following amount: S130.00 Filing Fee & Certificate of Status Street/Courier Address tration Section BackAddress tration Section Division of Corporations Back 527
For further information concerning this matter, plea	ise call:
Name of Person	
Enclosed is a check for the following amount:	,
	Certified Copy (additional copy is enclosed) Certified Copy
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate and another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Fablo Tylim		
Nar	ne	
10325 NW 51st Street Florida street address (P.O. B	lox NOT acceptable)	
Coral Springs	FL 33076	
City	Zip	

- - - C

Having been named as registered agent and to accept service of process for the above stated limited line the place designated in this certificate, I hereby accept the appointment as registered agent and agen capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as Chapter 605, E.S..

Registered Agent Signaire (REQUIRED)

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"MQR"- Manager		
Manager	Fabio A Tviim	ي مىشى
	10325 NW 51st Street	
	Coral Springs FL 33076	
	Michael J. Trank	
TATELICHES	3240 NE 11th Street #205	
	Pompano Beach, FL 33062	
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(Use attachment if necessary)		
ICLE V: Effective date, if other than the date of fil	ling:////5 (0)	PTIONAL)
effective date is listed, the date must be specific	and cannot be more than five business da	iys prior to
ate of filing.)		A A.
CLE VI: Other provisions, if any.		
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REQUIRED SIGNATURE:		
<u>REVONED</u> SIGNATORE.		
	My Y	े रो
Signature of a member	r or an authorised representative of a m	ember.
(In accordance with section 605.020	03 (1) (b), Florida Statutes, the execution of penalties of perjury that the facts stated he	or this docun
I am aware that any false information	on submitted in a document to the Departm	ent of State
constitutes a third degree felony as	provided for in s.817.155, F.S.)	
- · · · · ·		
Fabio A. Tylim	ped or printed name of signee	
1 9	bed of printed name of signed	
	Filing Fees:	
\$125.00 Filing Fee for Articles of Organiz		gent
S 30.00 Certified Copy (Optional)		
\$ 5.00 Certificate of Status (Optional)		
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	Page 2 of 2	
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