

L15 0000 87920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

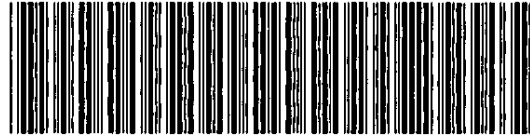
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100272905421

05/18/15--01044--025 \*\*160.00

Effective Date 5/13/15

FILED  
15 MAY 18 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PAY 1.9 2015

T. HAMPTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Perfect Blue Buildings "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:

Cesar Liriano

Name of Person

Perfect Blue Buildings "LLC."

Firm/Company

246 Villa Di Este Ter #212

Address

Lake Mary / FL 32746

City/State and Zip Code

lirianoceasar@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cesar Liriano

Name of Person

at (

407

) Area Code

907-4404

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Effective Date 5/13/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Perfect Blue Buildings "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:

246 Villa Di Este Ter # 212  
Lake Mary, FL 32746

Mailing Address:

246 Villa Di Este Ter # 212  
Lake Mary, FL 32746

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:

Cesar Liriano  
Name

246 Villa Di Este Ter # 212  
Florida street address (P.O. Box **NOT** acceptable)

Lake Mary, FL 32746  
City State 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)

FILED  
15 MAY 18 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

"AMBR"

Jeannette Martinez  
246 Villa Di Este Tr#212  
Lake Mary, FL 32746

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/13/15 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

*Jeannette Martinez*

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.)

*Jeannette Martinez*

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)

FILED  
15 MAY 18 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA