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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blue Slug De	Sign LLC. 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:	
Jason	Morrison Name of Person	
	Firm/Company	
572G N	ew Paris Way Address	
Ellenton		
blueslygdes	Firm/Company 5726 New Paris Way Address Ellenten FL 34222 City/State and Zip Code blue slydesign agail com E-mail address: (to be used for future annual report notification)	
		ion)
•		
Name of Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the following amount:		
\$125.00 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 Adduses	Stweet Address	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: '

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: State State	Must end with the words "Limited"	Liability Company, "L.L.C.," or "LLC.")
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: Jason Norcison		fice of the Limited Liability Company is:
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:	Principal Office Address:	Mailing Address:
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:	5726 New Paris Way	5726 New Bigis Way
(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:	Ellenton, FC 34222	Ellenton, FL 34222
Ellenton FL 34222 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 a 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)	(The Limited Liability Company cannot serve as its own Is another business entity with an active Florida registration.) The name and the Florida street address of the registered as	Registered Agent. You must designate an individual or a.) agent are:
Ellection Fi 34222 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 a 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)	5726 No	w Paris Way
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"MBR" = Authorized Member "MGR" = Manager AMBR Tason Merricon 572.6 New Paris Way Ellenton, A. 3 V22.2 COPTIONAL	Jason M 1726 New Ellenton, 1	lorrison Paris Wa Fc 34222	y	- - -
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a late of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occument s effective date on the Department of State's records. ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of an applicable statutory filing requirements, this date will not be list occument and the second of	Jason M 5726 New Ellenton, 1	lorrison Paris Wa R 34222	4	- - -
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