

From The Faulkner

Fax 727 214 2814

Mon Jun 11 10:02:11 2013

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# L15000103357

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : THE FAULKNER FIRM, P.A.  
Account Number : 120150000064  
Phone : (727) 781-7428  
Fax Number : (727) 214-2814

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN 15 AM 10:27

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ROSS@THEFAULKNERFIRM.COM

## FLORIDA LIMITED LIABILITY CO. BLUE-CHIP TITLE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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15 JUN 15 PM 3:51  
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TALLAHASSEE, FLORIDA

*06/16/15*

From The Faulkner Firm

Fax 7272142814

Mon Jun 18 14:04:54 2015

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE-CHIP TITLE, 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:

Ross A. Fox

Name of Person

The Faulkner Firm, P.A.

Firm/Company

3106 Alt US 19 N. Suite B

Address

Palm Harbor, Florida 34683

City/State and Zip Code

Ross@thefaulknerfirm.com

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

For further information concerning this matter, please call:

Ross Fox

727

781-7428

Name of Person

Area Code

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

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

**ARTICLE I - Name**

The name of the limited liability company is: **BLUE-CHIP TITLE, LLC ("LLC")**.

**ARTICLE II - Address:**

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

3106 Alt US 19 N., Suite B  
Palm Harbor, Florida 34683

**ARTICLE III - Written Operating Agreement**

Any operating agreement entered into by the Members of the Limited Liability Company and any amendments or restatements thereof, shall be in writing, and shall govern all matters relating to the governance of the affairs of the Limited Liability Company, the conduct of its business and the relations of its Members, including without limitation, the amendment of these Articles. No oral agreement among any of the Members of Managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

**ARTICLE IV - Employer Identification Number**

The Manager will apply for an Employer Identification Number for the Company after it is formed.

**ARTICLE V - Authorized Member**

The name and address of the person authorized to manage the Company is:

Mr. Ross A. Fox, MGR  
3531 Greenglen Circle  
Palm Harbor, Florida 34684

Ms. Debbie Faulkner, AMBR  
2879 Thaxton Drive, Lot 54  
Palm Harbor, Florida 34684

**ARTICLE VI: Effective Date.**

The effective date shall be the date of filing.

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**ARTICLE VII- Registered Agent, Registered Office, & Registered Agent's Signature:**

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

The Faulkner Firm, P.A.

Name

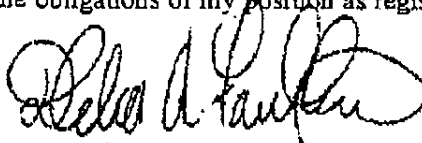
3106 Alternate Us 19 North Suite B

Florida street address (P.O. Box Not acceptable)

Palm Harbor, FL 34683

City, State, and 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 Signature

Signature of 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.)



Ross A. Fox, Manager

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