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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 : JECK, HARRIS, RAYNOR & JONES, P  
Account Number : I20000000210  
Phone : (561) 713-2095  
Fax Number : (561) 747-4113

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

Email Address: PJECK@JHRJPA.com

FLORIDA LIMITED LIABILITY CO.  
Blue Ridge Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

15 JUN 25 2015

Jun.24. 2015 11:16AM

ALL FLORIDA LAND TITLE COMPANY

No.0355 P. 2

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blue Ridge Solutions, 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:

Kristen Hnasko

Name of Person

Jeck, Harris, Raynor & Jones, P.A.

Firm/Company

790 Juno Ocean Walk, Suite 600

Address

Juno Beach, FL 33408-1121

City/State and Zip Code

pjeck@jhrjpa.com

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

For further information concerning this matter, please call:

Kristen Hnasko

561

713-2084

at ( )

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 (((H15000155307 3)))

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Blue Ridge Solutions, 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:**

512 35th Street

West Palm Beach, FL 33402

**Mailing Address:**

512 35th Street

West Palm Beach, FL 33402

**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:

Jeck, Harris, Raynor & Jones, P.A.

Name

790 Juno Ocean Walk, Suite 600

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

Juno Beach

FL

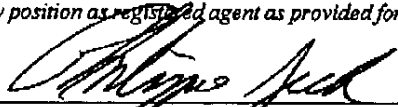
33408-1121

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)

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Page 1 of 2

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Managing Member**Name and Address:**Jordan Russell Elkins512 35th StreetWest Palm Beach, FL 33402


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(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.)

**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.

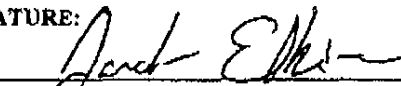
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**REQUIRED SIGNATURE:**

**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.)

Jordan Russell Elkins

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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