

L15000 20341

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (305)675-2811

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Blue Ridge Hall, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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15 JUL 17 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H15000174533 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

BLUE RIDGE HALL, LLC

ARTICLE II ADDRESS

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

324 NW 15TH STREET
DELRAY BEACH, FLORIDA 33444

ARTICLE III PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV REGISTERED AGENT

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

SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, STE E4
WEST PALM BEACH, FLORIDA 33411

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.

X 

SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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H15000174533 3

H15000174533 3

PAGE 2 BLUE RIDGE HALL, LLC

ARTICLE V

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

AUTHORIZED MEMBER

MARC NOLAND

324 NW 15TH STREET

DELRAY BEACH, FLORIDA 33444

.....

X 
MARC NOLAND // Authorized Representative's signature

(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.)

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15 JUL 17 AM 9:28
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TALLAHASSEE, FLORIDA
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