# 150018309

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TALLANASSEE, FLORIDA

JUL 29 2015 R. WHITE

### **COVER LETTER**

TO:	Registration Section  Division of Corporations
CUDIE	Laguna Blue LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Orestes Candelaria Jr
	Name of Person
	Firm/Company
	2275 Grove Dr
	Address
	Naples, FL. 34120
	City/State and Zip Code ocjr77@gmail.com
	E-mail address: (to be used for future annual report notification)
or furth	er information concerning this matter, please call:
	Orestes Candelaria Jr 239 877-2811
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	0 Filing Fee \$\ S130.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)

## **Mailing Address**

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

# **Street Address**

New Filing 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 Liab	sility Company is:		FILED
The name of the Limited Liab	mity Company is.		
Laguna Blue LLC	•		15 JUL 27 AM 7: 39
		d Liability Company	y, "L.L.C.," or "BEGYNTART US STATE TALLAHASSEE, FLORIUA
ARTICLE II - Address: The mailing address and stree	et address of the principal of	office of the Limited	l Liability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
2275 Grove Dr Naples, FL. 3412	0	San	ne
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its owr an active Florida registration	n Registered Agent. on.)	You must designate an individual or
	Orestes Candelaria J	lr	
		Name	<del></del>
	2275 Grove Dr		
	Florida street addres	ss (P.O. Box <b>NOT</b> a	cceptable)
	Naples	FL	34120
	City	State	Zip
lace designated in this certifica urther agree to comply with the	ate. I hereby accept the app e provisions of all statutes r obligations of my position	pointment as register relating to the proper	e above stated limited liability company at the red agent and agree to act in this capacity. It and complete performance of my duties, and I as provided for in Chapter 605, F.S
		(CONTINUED)	
		Page I of 2	

<u> Citle:</u>		Name and Address:
AMBR" = Aut	horized Member	
MGR" = Mana AMBR	ager	Oraștea Condalaria In
AMBK		Orestes Candelaria Jr
		2275 Grove Dr
		Naples, FL. 34120
	<del></del>	
V: Effective of	date, if other than the date	of filing: (OPTIONAL) crific and cannot be more than five business days prior to or 90
EV: Effective of ctive date is list filing.) the date insertement's effective EVI: Other pro	date, if other than the date ted, the date must be speed in this block does not medate on the Department ovisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.
ctive date is list filing.) the date insertement's effective EVI: Other pro	date, if other than the date of ted, the date must be speed in this block does not mediate on the Department of visions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.
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EV: Effective of ctive date is list filing.) the date insertement's effective EVI: Other pro	date, if other than the date ted, the date must be speed in this block does not medate on the Department of visions, if any.  Signature of a medate This document is executed am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)