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T. Busch SER 8 2015

COVER LETTER,

TO:	Registration Section Division of Corporations
CUDI	Collier Blues LLC
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Aaron Bremerman
	Name of Person
	Collier Blues LLC
	Firm/Company
	6627 Willow Park Dr., Suite 101
	Address
	Naples, FL 34109
	City/State and Zip Code
	ajb@build-gh.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Aaron Bremerman 239 594-9984 at ()
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	10 Filing Fee \$\ \text{Certificate of Status} \] \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \] \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \] \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \]
	Mailing Address Street Address No. 571 of the first state of the fir

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

	y Company is:				
Collier Blues LLC					
(Must end r	with the words "Limited	d Liability Company	"LLC.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limited	Liability Company is:		
<u>Princips</u>	d Office Address:		Malling Addres	Æ:	
6627 Willow Park Dr		6627	Willow Park Dr.		
Suite 101	·····	Suite			
Naples, FL 34109		Napl	cs, FL 34109		
The name and the Florida street a	ddress of the registered	d agent are:		15 AUG 3 SEURETAI TALLAHAS	Seattle Control
	3080 Tamiami Trail East				
	Florida street address (P.O. Box <u>NOT</u> acceptable)				Section 1
	Naples	FL	34112	PH 4: OF STA	The second
•	City	State	Zip	24 _	S. Walter
laving been named as registered a lace designated in this certificate, orther agree to comply with the pr	I hereby accept the app rvisions of all statutes r	ointment as register elating to the proper	ed agent and agree to act bi	ty company at the this capacity. I of my duties, and I	

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	A D	
MGR	Aaron Bremerman	
	2280 Carter St.	
	Naples, FL 34112	
43.700	lay Howard	e ant
AMBR	Jay Howard	atous
	493 Carica Road ω	j ^{re} m
	Naples FL 34108	1
	Jerod Gross	ir and
AMBR	Jeroa (31035	ê mete
	1291 WE HANSEL AUE 37 5	1 S
	ARLATATA FL. 34266 23 -	
	>	
AMBR	William Gaston	
	5181 Sand Dollar Lane	
te of filing.) If the date inserted in this block do	Naples, FL 34108 the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 comments are specificable statutory filing requirements, this date will not	
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CLE V: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department of English (CLE VI: Other provisions, if any.) REQUIRED SIGNATURE: Signature This document if I am aware that a constitutes a thir	Naples, FL 34108 the date of filing:	_
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Department's effective date on t	Naples, FL 34108 the date of filing:	