Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : MONAHAN MIJARES CPA PA

Account Number : I20050000157 Phone : (305)407~1438 Fax Number : (305)397-1003

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Email Address:

FLORIDA LIMITED LIABILITY CO.

3 Blue Chairs, LLC

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10/23/2015 2:57 PM

Fo: Florida Department of State Page 3 of 5 2015-10-23 19:	50:16 (GMT) 13053971003 From: Monahan Mijares CPA Monahan M
**	
COVER LET	TTER
TO: Registration Section Division of Corporations	·
3 Blue Chairs, LLC SUBJECT:	sility Company
Name of Limited Liab	mity Company
The enclosed Articles of Organization and fee(s) are submitte	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Roark R. Monahan	
Name	of Person
Monahan-Mijares CPA, PA	
Firm/C	Company
75 Valencia Avenue Suite 703	
Ado	ldress
Coral Gables, Florida 33134	
City/State a	and Zip Code
E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	
Roark R. Monahan 305 at (4071440
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	. F (4
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	5.00 Filing Fee & \$160.00 Filing Fee diffied Copy Certificate of Status & Certified 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 Tallahassoe, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: 3 Blue Chairs, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: 75 Valencia Avenue Suite 703 Coral Gables, FL 33134 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 businesse strilly with an active Florida registration.) The name and the Florida street address of the registered agent are: Roark R. Monahan Name 75 Valencia Avenue Suite 703 Florida street address (P.O. Box NOT acceptable) Coral Gables Florida Street sed from Suite 703 Florida street address (P.O. Box NOT acceptable) Coral Gables Florida street address (P.O. Box NOT acceptable) City State City State The place designated in this certificate. I hereby accept the appoinment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stantes relating to the paper spat complete performance of my duttes, and I am Jamiliar with and accept the obligations of my position as registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	da Department of State	Page 4 of 5	2015-10-23 19:50:16 (GMT)	13053971003	From: Monahan Mijare	es CPA Monaha
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ARTICLE IV-	
The name and address of each person	authorized to manage and control the Limited Liability Company:
This	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Eduardo Siverio
	75 Valencia Avenue Ste 703
	Cozal Gables, FL 33134
(Use attachment if necessary)	
(Ose suscember is inscensely)	
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Page 2 of 2