

L15000181639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT 27 2015

A. DUNLAP

L15-104830

Office Use Only



800277207648

09/23/15--01005--015 **130.00

FILED

14 OCT 27 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 17, 2015

RECEIVED

15 OCT 27 AM 10:49

SECRET
TALLAHASSEE, FL 32304

To Whom it May Concern:

Last month I filed the paperwork to open an LLC. I went to check on its status on the website and I noticed that it said "rejected filing" even though it lists the company as "active." I have not received any notification of this issue, however, I called to see what the problem was and I was told that I made a mistake in the name of the organization. I had filed the name as Blue Monster, Inc, LLC, and I was told I need to change the Inc. because that is not allowed in LLCs. Therefore, this letter serves to fix the error in the name. I would like the business to be called: Blue Monster Innovations, LLC.

The document number is W15000064836. I would greatly appreciate if you could make this change so that our business will no longer be listed as a rejected filing. To be certain that you received this communication and that everything is now in order, I would appreciate it if you could confirm with me via e-mail at wmcfla@gmail.com.

Thank you very much for your assistance

Sincerely,



William M. Cohen

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14 OCT 27 PM 12:49
SECRET
TALLAHASSEE, FL 32304



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2015

WILLIAM M COHEN
6400 SW 152 PLACE
MIAMI, FL 33193

SUBJECT: BLUE MONSTER, INC., LLC
Ref. Number: W15000064836

We have received your document for BLUE MONSTER, INC., LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 715A00020594

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Monster, Inc., 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:

William M. Cohen

Name of Person

Blue Monster, Inc.

Firm/Company

6400 SW 152 Circle Place

Address

Miami, FL 33193

City/State and Zip Code

wmcfla@gmail.com

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

For further information concerning this matter, please call:

William M. Cohen 305 299-7987
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

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 Liability Company is:

Blue Monster, Innovations, 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:

6400 SW 152 Circle Place

Miami, FL 33193

Mailing Address:

6400 SW 152 Circle Place

Miami, FL 33193

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:

William M. Cohen

Name

6400 SW 152 Circle Place

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

Miami

FL

33193

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)

(CONTINUED)

FILED
14 OCT 27 PM 12:49
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TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

William M. Cohen

6400 SW 152 Circle Place

Miami, FL 33193

MGR

Raphael Dorsainvil

6400 SW 152 Circle Place

Miami, FL 33193

MGR

Clifford St. Hubert

10141 SW 138 Court

Miami, FL 33186

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2016. (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.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

William M. Cohen

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)