### Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000018493 3)))



H160000104933ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

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

Email	Add	ressi
-------	-----	-------

### FLORIDA LIMITED LIABILITY CO. BLUE POINT MARINE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Corporate Filing Menu

Help

12/03/2033 07:01

#4058 P. 002/003

## H 1 6000018493

# ARTICLES OF ORGANIZATION FOR

16 JAN 22 PH 2: 26

FLORIDA LIMITED LIABILITY COMPA	<u> INY</u>	<b>7</b> :
---------------------------------	-------------	------------

	· · · · · · · · · · · · · · · · · · ·
ARTICLE I - Name: The hame of the Limited Liability Company is: (Must end with the words *Limite**LLC" or *LLC")	d Liability Company,
BLUE POINT MARINE, LL	<u>C</u>
ARTICLE II - Address: The mailing address and street address of the principal office of the Li Company is:	mited Liability
Miami FL 33142	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: ( Company cannot serve as its own Registered Agent, You must designate an individual or as with an active Florida registration.)	The Limited Liability to their business entity
WILLIAM PEREZ LLANES	·
Miami FL 33142	
ARTICLE IV- The name and title of each person authorized to manage and control the Liability Company:	he Limited
WILLIAM PEREZ LLANES	S (AMBR)
	<u> </u>
	<u> </u>
	<u></u>

Page 1 of 2

H16000018493

#### Required Signatures:

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

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.

WILLIAM PEREZ LLANES
Typed or printed name of signee

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)

Page 2 of 2