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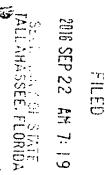
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COVER LETTER

	Division of Corporations
SUBJEC"	BLUE HILL VENTURE, LLC
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	DONNA O'BRIEN
	Name of Person
	Firm/Company
	2881 NE 33 CT, APT. 8G
	Address
	FORT LAUDERDALE, FL 33306
	City/State and Zip Code
	DONNA@BLUEHILLVENTURE.COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	DONNA O'BRIEN 702 677 - 9943
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 I	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:			FILE 2018 SEP 22	
	D				
(Must and w	BLUE HILL VE	NTURE, LLC	ST T C " == ST T C "	TALL AHASSEE	OF STATE
(iviusi ciid w	BLUE HILL VEI ith the words "Limited Liab	omty Company,	L.L.C., OF LLC.	MULL MAYSSEE	FLORIDA
ARTICLE II - Address: The mailing address and street add					
<u>Principal</u>	Office Address:		Mailing Add	<u>lress</u> :	
HDG EXEC	UTIVE SUITES		HDG EXECUTIVE S	SUITES	
2719 HOLL	YWOOD BLVD		2719 HOLLYWOOD	BLVD	
HOLLYWO	OD, FL 33020	<u> </u>	HOLLYWOOD, FL	33020	
The name and the Florida street ac		INVESTMENTS	S, LLC		
	411 WAI NI	T STREET # 77	752		
	Florida street address (P.0				
	GREEN COVE SPRINGS	FLORIDA	32043		
	City	State	Zip		
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appointm visions of all statutes relatin gations of my position as re Registered	ent as registered g to the proper a gistered agent as	l agent and agree to ac ind complete performat	et in this capacity. I nce of my duties, an	•
	(C	CHIMUED)			

Page 1 of 2

Title: "AMRD" = A	uthorized Member	Name and Address:	2016 SEP 22 AM
"MGR" = Ma			
MGR		DONNA O'BRIEN	Sk. ma., ARY OF TALL AHASSEE. F
		2881 NE 33 CT, APT. 8G	
		FORT LAUDERDALE, FL 3	3306
•			
	——————————————————————————————————————		
			
Alsa attachma	ant if necessary)		
LE V: Effective ffective date is le of filing.)	isted, the date must be sp	e of filing: 9/27/2016 secific and cannot be more than five bus	iness days prior to or 90 days
TLE V: Effective ffective date is a e of filing.) If the date inser- cument's effective	e date, if other than the date isted, the date must be sp ted in this block does not a ve date on the Department	ecific and cannot be more than five bus meet the applicable statutory filing requir	iness days prior to or 90 days
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