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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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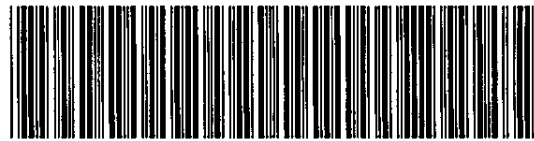
Certificates of Status \_\_\_\_\_

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16 DEC 12 PM 3:19

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**Blue Window Labs, LLC**

927 Fern Street  
Altamonte Springs, FL  
32701  
Tel (860) 306 0842

Florida Dep't of State

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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16 DEC 12 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/07/2016

Subject: Filing Articles of Organization and Designation of Registered Agent for Blue Window Labs LLC

Dear Madame or Sir,

Enclosed please find (2) original signed copies of the Articles of Organization and Designation of Registered Agent for a Florida Limited Liability Company referred to above together with Check No. 3786 in the amount of \$160.00 representing the fees for filing, a Certificate of Status and Certified Copy of the Articles of Organization

Should you have any questions, please contact the undersigned by Tel at (860)306.0842 or by email [neal.bouthot@gmail.com](mailto:neal.bouthot@gmail.com).

Respectfully,



Neal A. Bouthot

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blue Window Labs, 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:

Neal A. Bouthot

\_\_\_\_\_  
Name of Person

Blue Window Labs, LLC

\_\_\_\_\_  
Firm/Company

927 Fern Street (Suite 1000)

\_\_\_\_\_  
Address

Altamonte Springs / Florida 32701

\_\_\_\_\_  
City/State and Zip Code

neal.bouthot@gmail.com

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

For further information concerning this matter, please call:

Neal A. Bouthot

860

306.0842

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 Window Labs, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

927 Fern Street

Suite 1000

Altamonte Springs, FL 32701

Mailing Address:

927 Fern Street

Suite 1000

Altamonte Springs, FL 32701

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:

Neal A. Bouthot

Name

2041 Reefpoint Drive Unit 102

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

Orlando

Florida

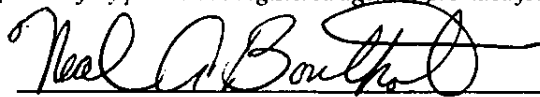
32814

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)

**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:**

Neal A. Bouthot

2041 Reefpoint Drive Unit 102

Orlando, Florida 32814

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

 12/7/16

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.

NEAL A. BOUTHOT

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)