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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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BLAIR THEIN

REGISTRATION SECTION DIVISION OF CORPORATIONS P.O.BOX 6327 TALLAHASSEE, FL 32314

Rlairt

Blairthein9ball@yahoo.com



321-458-4913

300 GROUPER TRAIL, APT. I KEY LARGO, FL 33037 Dear Registration Section,

Enclosed are the Articles of Organization along with a check for payment. If you require any further assistance please contact me at the information provided on this letter.

Sincerely,

Blair Thein

SECRETARY OF STACE

COVER LETTER

*, , , , , , ,

Division of Corporations		
SUBJECT: Blair's Billiard Bar LLC		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Blair Thein		
	Name of Person	
**************************************		And the State of t
	Firm/Company	
		ZOIT JUL TO
300 Grouper Trail Apt 1		<u></u>
	Address	FA -
		ASSE TO
Key largo, FL 33037		ma 7
	City/State and Zip Code	# 2:
debbielbologna@bellsouth.net		AD 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E-mail address: (to be use	ed for future annual report notifica	tion)
For further information concerning this matter, ple	ease call:	
Blair Thein at (321) 458-4913	
Name of Person		ephone Number
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	☐\$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	Street/Courier Add	ress
Registration Section	Registration Section	
Division of Corporations	Division of Corporat	ions
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

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:		
Blair's Billiard Bar LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
300 Grouper Trail Apt 1 Key largo, FL 33037	300 Grouper Trail Apt 1 Key largo, FL 33037	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered as	egistered Agent. You must designate an individu)	aal or
Blair Thein Name		
300 Grouper Trail Apt 1 Florida street address (P.O. Box)	NOT acceptable)	
Key Largo	FL 33037 Zip	~ >
City	Zip	2017

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Blair Thein	
VAIDI	300 Grouper Trail Apt 1	
	Key largo, FL 33037	
	Ney laigu, i L 33031	
AMBR	Deborah Bologna	
7111071	300 Grouper Trail Apt 1	
	Key largo, FL 33037	
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of effective date is listed, the date must be speci e of filing.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9	0 days a
effective date is listed, the date must be speci	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9	0 days a
effective date is listed, the date must be speci e of filing.) CLE VI: Other provisions, if any.	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9	O days a
effective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or 9	0 days a
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under to I am aware that any false information to the special and the special section 605.	Aber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State	O days a
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REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under to I am aware that any false information structures a third degree felony. Blair Thein	sific and cannot be more than five business days prior to or 9 Liber or an authorized representative of a member. O203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	

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

ARTICLE IV-