

L17000225679

2017-10-31 12:52:45 CST

19542080845 From: Ranae McGraw

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (950) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 202-0845

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Bluchenge Two, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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17 OCT 31 AM 9:37
DIVISION OF STATES
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

BLUEHENG II, LLC
191 West Nationwide Boulevard
Suite 600
Columbus, OH 43215

October 31, 2017

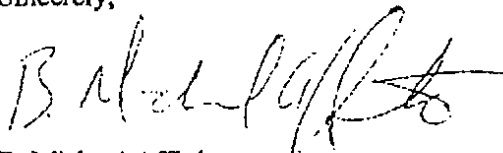
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Bluchenge II, LLC

Dear Sir or Madam:

Please be advised that Bluchenge II, LLC gives its permission to Bluehenge Two, LLC to use the name "Bluehenge Two, LLC" as its business name in the State of Florida. These entities are affiliated companies.

Sincerely,



B. Michael Affinito
Authorized Representative of Bluehenge II, LLC

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17-OCT-31 AM 9:37
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bluehenge Two, 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:

Lisa R. Samblanet - Paralegal

Name of Person

Ico Miller LLP

Firm/Company

250 West Street - Suite 700

Address

Columbus, Ohio 43215

City/State and Zip Code

lisa.samblanet@icemiller.com

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

For further information concerning this matter, please call:

Lisa R. Samblanet - Paralegal

614

462-1045

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:

Bluehenge Two, LLC

(Must contain 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:191 W. Nationwide Blvd.Suite 600Columbus, OH 43215**Mailing Address:**191 W. Nationwide Blvd.Suite 600Columbus, OH 43215**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:

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

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.

Bk
Registered Agent's Signature **Hamedette Baker**
Assistant Secretary

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:

David R. Meuse Trust Agreement dtd May 16, 1978 as Amended

191 W. Nationwide Blvd. - Suite 600

Columbus, OH 43215

MGR

E5 LLC - c/o Mike Affinito

191 W. Nationwide Blvd. - Suite 600

Columbus, OH 43215

(Use attachment if necessary)

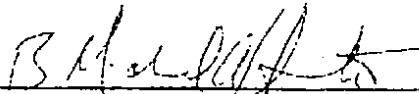
ARTICLE V: Effective date, if other than the date of filing: upon filing (OPTIONAL)

(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 on 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.

B. Michael Affinito - Authorized Representative

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)

DEPARTMENT OF STATE
17 OCT 31 AM 9:37

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