

10/31/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Overview

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**FLORIDA LIMITED LIABILITY CO.  
Blue Hole Services LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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November 1, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: BLUE HOLE SERVICES LLC  
REF: W18000096055

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Catherine M Wood  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000314807  
Letter Number: 218A00022549

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

BlueHoleServicesLLC

(Must end with 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:****Mailing Address:**240CrandonBoulevard, Suite248Key Biscayne, FL 33149**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:

NRAI Services, Inc

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFL33324

City

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.*

NRAI Services, Inc.

By:

Olga Hinkel - VP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGRName and Address:James P. S. Leshaw240 Crandon Boulevard, Suite 248Key Biscayne, FL 33149

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: October 31, 2018 (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.)

**ARTICLE VI:** Other provisions, if any.REQUIRED SIGNATURE:James P. S.  
LeshawDigitally signed by James P. S.  
Leshaw  
DN: cn = James P. S. Leshaw  
c = us  
Date: 2018.11.01 14:50:04 -0500

**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.)

James P. S. Leshaw

Typed or printed name of signer

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)