

12/4/2018

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180003449743 From: Ranae McGraw

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.*Blue Gray*
The Group LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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HONOR ORIGINAL DATE 12-04-18

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December 5, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATE SYSTEM

SUBJECT: THE GROUP LLC
REF: W18000104870

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Rochelle E Kemple
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FAX Aud. #: H18000344974
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Blue Gray LLC

(Must contain the words "Limited Liability Company," "LLC," 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:Montague Sterling CentreP.O. Box N-3924 Nassau, The BahamasEast Bay StreetNassau, The Bahamas**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:

C T Corporation System

Name

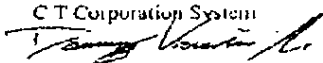
1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation,Florida33324

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.

By: C T Corporation System

 Registered Agent's Signature (REQUIRED)

Danny Verdechia
 Assistant Secretary

(CONTINUED)

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

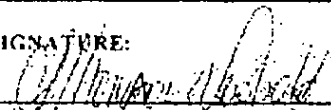
"MGR" = Manager

AMBR & MGR**Name and Address:**Andrew LawMontague Sterling Centre, East Bay StreetP.O.Box N-3924 Nassau, The BahamasAMBRTanya Thompson-NewboldMontague Sterling Centre, East Bay StreetP.O.Box N-3924 Nassau, The BahamasAMBRDonzaleigh Hudson Jr.Montague Sterling Centre, East Bay StreetP.O.Box N-3924 Nassau, The Bahamas

(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:**

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.

TANYA THOMPSON-NEWBOLDDonzaleigh Hudson Jr.

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)

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