

FEB/20/2019/WED 11:34 AM

FAX No.

P. 001

2/20/2019

Division of Corporations

L19000044230

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**FLORIDA LIMITED LIABILITY CO.
BLUE MANAGEMENT AND CONSULTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019 FEB 20 PM 12:11

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUE MANAGEMENT AND CONSULTING 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:1100 NW 191 STREET STE E 24
NORTH MIAMI BEACH, FLORIDA 33179Mailing Address:1100 NW 191 STREET STE E 24
NORTH MIAMI BEACH, FLORIDA 33179

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:

SALVADOR NUNEZ

Name

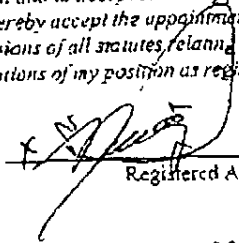
1100 NW 191 STREET STE E 24Florida street address (P.O. Box **NOT** acceptable)NORTH MIAMI BEACH FL 33179

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)

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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

AMBRName and Address:SALVADOR NUNEZ1100 NW 191 STREET STE E 24NORTH MIAMI BEACH, FL 33179

(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.

SALVADOR NUNEZ

Typed or printed name of signer

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TALLAHASSEE, FLORIDA