Division of Corporations Electronic Filing Cover Sheet

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(((H190001035993)))



H190001035993ABC4

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I200000000088 Phone : (800)221-0102 Fax Number : (800)944-6607

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. Blue Capone LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

19 MAR 28 AM 7: 42 CREDARY OF STATE ALLAHASSEE, FL

COVER LETTER

	few Filing Section Division of Corporations
SUBJEC	r:Blue Capone LLC
SOBJEC	Name of Limited Liability Company
	sed Articles of Organization and fee(s) are submitted for filing.
7 TO HISO TOTA	an an conceptibilities concerning this matter to the tonowing.
	Kelsey M. White
	Name of Person
	Beowulf Energy LLC
	Firm/Company
	575 Broadway, FI 3
	Address
	New York, NY 10012
	City/State and Zip Code
	white@beowulfenergy.com
	E-mail address: (to be used for future annual report notification)
For furthe r i	nformation concerning this matter, please cull:
	Kelsey M. White at (212) 343-8353
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Cornerations Division of Cornerations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Fiting Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABELITY COMPANY

	Blue Car	one LLC	
(Must conti	ain the words "Limited Liabilit	y Company, "L.I	C.," or "LLC.")
ARTICLE [] - Address:			
The mailing address and street at	idress of the principal office of	the Limited List	oility Company is:
Principa	al Office Address:		Mailing Address:
9 Fee	deral Street		9 Federal Street
			o i cociai olicci
ARTICLE III - Registered Age The Limited Liability Company	n, MD 21601 nt, Registered Office, & Registeranos serve as its own Register	stered Agent's Street Agent. Your	Easton, MD 21601
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	n, MD 21601 nt, Registered Office, & Regi cannot serve as its own Registe ctive Florida registration.)	red Agent. Your	Easton, MD 21601
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	n, MD 21601 nt, Registered Office, & Registeranot serve as its own Registertive Florida registration.) ddress of the registered agent a	red Agent. Your	Easton, MD 21601 Signature: must designate an individual or
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	n, MD 21601 nt, Registered Office, & Registeranot serve as its own Registertive Florida registration.) ddress of the registered agent a	red Agent, You :	Easton, MD 21601 Signature: must designate an individual or
Easton ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a-	nt, MD 21601 nt, Registered Office, & Registered office, & Registered office, & Register clive Florida registration.) ddress of the registered agent a	red Agent. You re: GLOBAL INC.	Easton, MD 21601 Signature: must designate an individual or
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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)

2019 MAR 28 AM 7: 42 SECRETARY OF STATE

"MGR" = Manager AMBR Paul B. Preger 9 Federal Street Easton, MD 21601
9 Federal Street Easton, MD 21601
(Use attachment if necessary)
(Use attachment if necessary)
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If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.
LE VI: Other provisions, if any.
REQUIRED SIGNATURE:
Signature of a member of an authorized representative of a member.
Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statut
Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of St
Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statut 1 am aware that any false information submitted in a document to the Department of St constitutes a third degree felony as provided for in s. 817.155, F.S.
Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of St constitutes a third degree felony as provided for in s.817.155, F.S. Kelsey M. White.
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