

L19000264283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

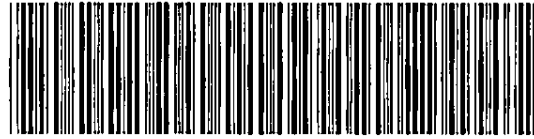
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500335469825

10/18/19--01020--005 \*\*125.00

2019 OCT 18 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

N CULLIGAN

NOV ' 5 2019

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Blue Chip Too, 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:

P. Todd Kennedy, Esquire  
Name of Person  
Kennedy & Kennedy, P.L.  
Firm/Company  
14 Southeast 4th Street, Suite 36  
Address  
Boca Raton, FL 33432  
City/State and Zip Code  
alexhall41@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P. Todd Kennedy      561      683-2484  
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

---

**KENNEDY & KENNEDY, P.L.**  
**ATTORNEYS AT LAW**

---

14 SOUTHEAST 4<sup>TH</sup> STREET  
SUITE 36  
BOCA RATON, FL 33432

P. TODD KENNEDY, P.L., LL.M. - Taxation

BENJAMIN S. KENNEDY, JR., P.A.

October 16, 2019

**FEDERAL EXPRESS (850.245.6052)**

New Filing Section  
Division of Corporations  
Clifton Bldg.  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: BLUE CHIP TOO, LLC**

Dear Sir/Madame:

We enclose herewith Articles of Organization for Florida Limited Liability Company with the name of Blue Chip Too, LLC.

As there is a Florida Corporation with the name of Blue Chip Too, Inc., the Directors of that Corporation have signed a formed entitled "Consent" which gives their consent to the formation of a Florida limited liability company with the name of Blue Chip Too, LLC. We have attached their Consent to the Articles of Organization. Also enclosed is our firm's check number 90510 made payable to Florida Department of State in the amount of \$125.00.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,  
**KENNEDY & KENNEDY, P.L.**



P. Todd Kennedy

PTK/moh

Encls.

C:\Admin\FirmDoc\Hall, Alexander\lrs\lir to client 10-16-19.wpd

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Chip Too, 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:

14 Southeast 4th Street

Suite 36

Boca Raton, FL 33432

Mailing Address:

14 Southeast 4th Street

Suite 36

Boca Raton, FL 33432

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:

P. Todd Kennedy

Name

14 Southeast 4th Street, Suite 36

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL

33432

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)

SECRET  
OFFICE OF THE  
CLERK OF THE  
COURT  
TALLAHASSEE, FL

2019 OCT 18 PM 1:19

11:50

## CONSENT

The undersigned, whose names are ALLAN C. BRADEEN and LISA C. BRADEEN, being the sole Shareholders and Directors of BLUECHIP TOO, INC., a Florida corporation, hereby consents to the formation of a Florida limited liability company by Alexander Hall with the name of BLUE CHIP TOO, LLC.

Signed on Oct. 15, 2019.

  
ALLAN C. BRADEEN, Director

  
LISA C. BRADEEN, Director

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Authorized Member

**Name and Address:**

Alexander Hall

14 Southeast 4th Street, Suite 36

Boca Raton, FL 33432

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

Alexander Hall, Auth Rep of a Member

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)**

2019 OCT 18 PM 1:19  
RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FL