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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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### COVER LETTER

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TO: New Filing Section Division of Corporations

SUBJECT: Blue man of Apalach, 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:

Donna Duncan, Atty
Name of Person
Sandows and Duncan, PA
Firm/Company
PO BOX 157
Address
Apalachicala PL 32329
Apalachicala FL 32329  City/State and Zig Code  ddd uncan @ fairpoint.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, 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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		19 OCT 28	LA LL
Blue man of Apalach	uc	_	
(Must contain the words "Limited Liability Company, "L.P.C.," or "LLC.")	<b></b>		

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
19 Avenue C _	695 mashes Sands Rd, El
Apalachicala 4. 32320	Ochlorunce Boy Re 32346

## 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:

Sanders and Duncan, P.A.

Name

So market Street

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

Apolachicak, Fl. 32320

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager HMB K	Beth Embert 695 mashes Sands Rd, E1 Ochlochnee Bry, R. 32346
<del></del>	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be spire date of filing.)  Sote: If the date inserted in this block does not	of tiling:
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be space date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department RTICLE VI: Other provisions, if any	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be space date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department RTICLE VI: Other provisions, if any	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
RTICLE V: Effective date, if other than the date if an effective date is listed, the date must be specified of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department (RTICLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
RTICLE V: Effective date, if other than the date if an effective date is listed, the date must be specified at each of filing.)  Sote: If the date inserted in this block does not he document's effective date on the Department is effective date on the Department is executed.  REQUIRED SIGNATURE:  Signature of a magnetic date on the Department is executed an aware that any fide	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.

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)