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Florida Department of State
Division of Corporations
Record Keeping Office

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FLORIDA MULTISERVICES, INC.
Account Number : I20150000061
Phone : (786)290-3319
Fax Number : (305)645-2035

SECRETARY OF STATE
TALLAHASSEE, FL

2019 NOV -5 AM 11:52

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: flmultiservices@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
BLUE CARPENTER, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

11/5/19

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BLUE CARPENTER, LLC
20908 SW 89TH PATH
CUTLER BAY, FL 33189

November 05, 2019

Florida Department of State

Division of Corporations
Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owner of BLUE CARPENTER, LLC, Document No. L15000090208 is the same owner of the attached Articles of Organization. That LLC is dissolved and I have no intent of reopening it.

Thank you for your help in this matter.

Sincerely yours,



Maruen Haber Cuzan
AMBR

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COVER LETTER

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

SUBJECT: BLUE CARPENTER, 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:

MARUEN HABER CUZAN

Name of Person

BLUE CARPENTER, LLC

Firm/Company

20908 SW 89TH PATH

Address

CUTLER BAY, FL 33189

City/State and Zip Code

FLMULTISERVICES@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARUEN HABER CUZAN

786

340-8673

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUE CARPENTER, 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:

Mailing Address:

20908 SW 89TH PATH
CUTLER BAY, FL 33189

20908 SW 89TH PATH
CUTLER BAY, FL 33189

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:

MARUEN HABER CUZAN

Name

20908 SW 89TH PATH

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

CUTLER BAY FL 33189

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FL

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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)

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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

AMBR

Name and Address:

MARUEN HABER CUZAN

20908 SW 89TH PATH

CUTLER BAY, FL 33189

(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.

FOR ANY AND ALL LAWFUL BUSINESS

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.

MARUEN HABER CUZAN

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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TALLAHASSEE, FL

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