L21000296208

(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

300368618103

FILED
2021 JUN 25 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FL

06/24/21--01001--007 **125.00

2021 JUN 23 PM 3:09

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BLUE SATURN, LLC

Signature

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File_____
_____ LTD Partnership File_____
_____ Foreign Corp. File_____
_____ L.C. File_____
_____ Fictitious Name File_____
_____ Trade/Service Mark_____
_____ Merger File_____
_____ Art. of Amend. File_____
_____ RA Resignation_____
_____ Dissolution / Withdrawal_____
_____ Annual Report / Reinstatement_____
_____ Cert. Copy_____
_____ Photo Copy_____
_____ Certificate of Good Standing_____
_____ Certificate of Status_____
_____ Certificate of Fictitious Name_____
_____ Corp Record Search_____
_____ Officer Search_____
_____ Fictitious Search_____
_____ Fictitious Owner Search_____
_____ Vehicle Search_____
_____ Driving Record_____
_____ UCC 1 or 3 File_____
_____ UCC 11 Search_____
_____ UCC 11 Retrieval_____
_____ Courier_____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2021

CAPITAL CONNECTION

,

SUBJECT: BLUE SATURN LLC
Ref. Number: W21000092007

We have received your document for BLUE SATURN LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong filing form was submitted if you want to file a LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00014453

2021 JUN 25 PM 3:25

TALLAHASSEE, FLORIDA

CORRECTED

TO: New Filing Section
Division of Corporations

SUBJECT: Blue Saturn, LLC
Name of Limited Liability Company

The enclosed Articles of Organization are [illegible]

Please return all correspondence concerning [illegible]

Jonathan Steszewski, Esq.
Name

Steszewski Medina, P.A.
Firm

15100 NW 67th Ave., suite 200
Address

Miami Lakes, FL 33014
City/State/Zip

jonathan@steszewskimedina.com
E-mail address: (to be used for [illegible] report notification)

For further information concerning this matter, please call:

Jonathan Steszewski 305 631-2438
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 ☐ [illegible] Fee & [illegible] 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
[illegible] Building
[illegible] Executive Center Circle
[illegible]assee, FL 32301

FILED

2021 JUN 25 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Blue Saturn 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:
15100 NW 67th Ave, Suite 200 Miami Lakes, FL 33014	

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 corporate status.)

The name and the Florida street address of the registered agent are:

Jonathan Jeszeski
Name

15100 NW 67th Ave, Suite 200
Florida street address (P.O. Box NOT acceptable)

Miami Lakes, FL 33014
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.

Jonathan Jeszeski
Registered Agent's Signature (SIGNATURE REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person auth... to ... control of the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jonathan Sleszewski 15155 NW 77th Ave. Suite 200 Miami Lakes, FL 33014

(Use attachment if necessary)

FILED
2021 JUN 25 AM 9: 13
SECRETARY OF STATE
TALLAHASSEE, FL

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 record.

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.

Jonathan Sleszewski
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)