

(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



200372680242

09/08/21--01025--013 **160.00

9/10/20



Alpha J. Myers

2961 SW Vittorio St.

Port Saint Lucie, FI 34953

772-882-5034

COVER LETTER

	New Filing Se Division of Co				
SUBJEC		Business Services			
30BJLC	1	Name of Lin	nited Liability Comp	oany	
The enclo	sed Articles o	f Organization and fee(s) are	e submitted for filin	g.	
Please ret	urn all corresp	ondence concerning this ma	tter to the following	ī:	
	Alpha J. My	vers			
			Name of Person	-	
	Blended Bu	siness Services			
			Firm/Company		
	2961 SW V	ittorio St.			
		-	Address		
	Port Saint L	ucie, Fl 34953			
			ity/State and Zip Co	ode	
	myersalpha@				
		E-mail address: (to be used	for future annual re	port notificati	ion)
For further	information co	oncerning this matter, please	call:		
	Alpha J. My		72 882-50		
	Nar			ime Telephon	e Number
Enclosed	is a check for	the following amount:			
□\$125.0	0 Filing Fee	□° 130.00 Filing Fee & Certificate of Status	□\$155.00 Fili Certified Copy (additional copy is	_	S160,00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Blended Business Services LLC. (Must contain the words "Limited Liability Co	mpany, "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:
2961 SW Vittorio St. Port Saint Lucie. Fl 34953	2961 SW Vittorio St. Port Saint Lucie, FL 34953
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
KAREN Thom	mpson
111.99 5 W P 0 Florida street address (P.O. Box	NOT acceptable)
PORT St. Lucie City State	FL 34987

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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
-	
-	
-	
	
-	
(Use attachment if necessary)	
ARTICLE V. Effective date, if other than the date of fil	ing: (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
he date of filing.) Note: If the date in certail in this blook door not must r	he applicable statutory filing requirements, this date will not be listed
the document's effective date on the Department of Sta	
ARTICLE VI: Other provisions, if any.	
•	
	
REOUIRED SIGNATURE:	
alphayru	yers
Signature of a member	r or an authorized representative of a member.
	accordance with section 605.0203 (1) (b), Florida Statutes, rmation submitted in a document to the Department of State
	ny as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

COVER LETTER

	New Filing S Division of C					
CI:DIE/	Blended I	Business Services				
SUBJEC	1.	N	ame of Lii	nited Liabi	lity Company	
The enclo	sed Articles (f Organization an	d fee(s) ar	e submitted	Hor filing.	
Please ret	urn all corresp	ondence concern	ing this m	atter to the	following:	
	Alpha J. M	yers				
		•		Name o	Person	
	Blended Bi	isiness Services				
				Firm/Ce	ompany	•
	2961 SW V	ittorio St.				
				Addi	ress	
	Port Saint L	aicie, Fl 34953				
			C	lity/State ar	d Zip Code	
	myersalpha@					
		E-mail address: ()	to be used	for luture a	nnual report notificat	ion)
For further:	information co	oncerning this mat	iter, please	e caff:		
	Alpha J. My	ers	7 at (72	882-5034	
	Nan	ne of Person	A	rea Code	Daytime Telephon	e Number
Enclosed i	s a check for I	he following amo	sunt:			
) Filing Fee	(Certificate of)	ng Fee &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☑S160,00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Blended Business Services LLC	
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "L.EC.")
TICLE II - Address:	
mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address	: <u>Mailing Address</u> :
2961 SW Vittorio St.	2961 SW Vittorio St.
Limited Liability Company cannot serve as its	s own Registered Agent. You must designate an individual
FICLE III - Registered Agent, Registered Of a Limited Liability Company cannot serve as its her business entity with an active Florida regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.)
CTICLE III - Registered Agent, Registered Of the Limited Liability Company cannot serve as its other business entity with an active Florida registename and the Florida street address of the register.	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.) stered agent are:
CTICLE III - Registered Agent, Registered Of the Limited Liability Company cannot serve as its other business entity with an active Florida registename and the Florida street address of the register.	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.)
CTICLE III - Registered Agent, Registered Of the Limited Liability Company cannot serve as its other business entity with an active Florida regis c name and the Florida street address of the regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.)
CTICLE III - Registered Agent, Registered Of the Limited Liability Company cannot serve as its other business entity with an active Florida regis to name and the Florida street address of the regis KAR ** V	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.) stered agent are: Thompson Name 5 W Parkside Drive ddress (P.O. Box NOT acceptable)
CTICLE III - Registered Agent, Registered Of the Limited Liability Company cannot serve as its other business entity with an active Florida regis to name and the Florida street address of the regis KAR ** V	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.)

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(CONTINUED)

- MOTOR =	Authorized :	Member	Name and Address:
" MGR " = N			
		_	
		_	
		_	
		_	
		_	
	_		
(Use attacht	nent if neces	sary)	
	nent if neces		of filing: (OPTIONAL)
E V: Effecti	nent if neces	her than the date	of filing:
E V: Effective date is of filing.)	ment if neces ive date, if ot s fisted, the o	her than the date date must be sp	ecific and cannot be more than five business days prior to or 90
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ARTICLE IV-