22000021073

(Requestor's Name)
(Address)
(Address)
(11 -11)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilioss Elility Maille)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600378615356

2022 JAN 19 PM 2: 08 RECEIVED

2022 JAN 19 PH 2: 55 TAILAHASSEE, FL

FD

1/20/27

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/19/22

NAME:

BLUE INVESTMENT MANAGEMENT, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JAN 19 PH 2: 55

	4 2 '7		 	
А	к	16	 I - Na	m,

The name of the Limited Liability Company is:

New York, NY 10036

SECRETARY OF STATE TALLAHASSEE, FI

	"Enringset, Ft
Blue Investment Management, LLC	~
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal	the Limited Liability Company is:
	, ,
Principal Office Address:	Mailing Address:

c/o Stein Harris.

New York, NY 10036

1211 Avenue of the Americas, 40th Floor

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:

1211 Avenue of the Americas, 40th Floor

BlumbergExcelsior Corporate Services, Inc.				
	Name			
155 Office Plaza Drive, 1st Fl.				
Florida street address (P.O. Box NOT acceptable)				
Tallahassee	FL	32301		
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..

(CONTINUED)

Jose Mojica, Asst Sec.

Registered Agent's Signature (REQUIRED)

Page Lof 2

٠	DT	\mathbf{ICI}	1.7	IV.

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

**MGR" = Manager AMBR Lance G. Harris, 1211 Avenue of the Americas, 40th Floor New York, NY 10036 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a he date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the document's effective date on the Department of State's records.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a he date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.	"MGR" = Manager	1211 Avenue of the Americas, 40th Floor New York, NY 10036
ARTICLE V: Effective date, if other than the date of filing:		JAN 19 PH
ARTICLE V: Effective date, if other than the date of filing:		T ATE
he date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.	ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL)
ARTICLE VI: Other provisions, if any.	he date of filing.)	
	the document's effective date on the Department of State's	princate statutory fitting requirements, this date will not be listed as records.
REOUIRED SIGNATURE:	ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:		
Veronica Gonzalez	<u>,</u>	anaclos

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.

Veronica Gonzalez c/o Blumberg

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)