

L22600392692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

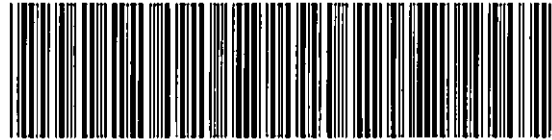
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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S. CHATHAM
SEP 13 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 12 PM 3:09

REC'D CIV/PTP
2022 SEP 12 PM 3:36
TOLSON/SECRETARY

COVER LETTER

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

SUBJECT: Bluish Planet 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:

MARTIN E DELLOCA
Name of Person
MDELL CONSULTING CORP
Firm/Company
848 BRICKELL AVE STE 1130
Address
MIAMI, FL, 33131
City/State and Zip Code
MDELLOCA@MDELLCONSULTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN E DELLOCA 305 6073493
Name of Person at () Daytime Telephone Number
Area Code

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from Account: 120210000160 Amount: \$125.00

Authorization Signature: James Full
BLUISH Planet LLC

Business

Document #

Walk in _____ Pick up time _____

_____ Mail out _____ Will wait

_____ Photocopy

_____ Certified Copy (s) of Articles of Correction

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
__ X __ Limited Liability
_____ Domestication
_____ Other
_____ **CORP**

AMMENDMENTS

_____ Amendment
_____ Resignation of R.A. Officer/Director
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Merger
_____ **Conversion**
_____ Articles of Conversion

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ ARTICLES OF CORRECTION

REGISTRATION/QUALIFICATIONS

_____ Foreign filing
_____ Limited Partnership
_____ Reinstatement

_____ APOSTIL() _____ Other
Country

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bluish Planet 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:

848 BRICKELL AVE
STE 1130
MIAMI, FL, 33131

848 BRICKELL AVE
STE 1130
MIAMI, FL, 33131

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:

BLUEMAX PARTNERS CORP
Name

848 BRICKELL AVE STE 1130
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FLORIDA 33131
City State Zip

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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..

m. DeL'oca

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Martin Sergio Crespo
848 BRICKELL AVE STE 1130
MIAMI, FL, 33131

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22 SEP 2 PM 3:09

(Use attachment if necessary)

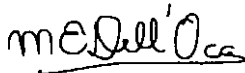
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

MARTIN E DELLOCA

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)