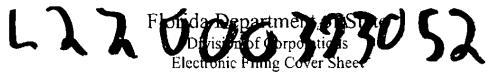
9/12/22, 10:58 AM

To:

Division of Corporations



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## FLORIDA LIMITED LIABILITY CO. **6LUEPRINT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: 6LUEPRINT 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: 1250 E HALLANDALE BEACH BLVD STE 1002 HALLANDALE BEACH, FL 33009

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:

KENNY MCINTOSI	H	
,	Name	
1250 E HALLANDA	LE BEACH BLVE	STE 1002
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
HALLANDALE BE	ACH FL	33009
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 SEP 12 AM 5: 08

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	KENNY MCINTOSH 1250 E HALLANDALE BEACH BLVD STE 1002 HALLANDALE BEACH, FL 33009
AMBR	RICHARD MCINTOSH 1250 E HALLANDALE BEACH BLVD STE 1002 HALLANDALE BEACH, FL 33009
AMBR	KYRIA MCINTOSH  1250 E HALLANDALE BEACH BLVD STE 1002  FAILANDALE BEACH, FL 33009
(Use attachment if necessary)	
n effective date is listed, the date must be a date of filing.)	te of filing:
FICLE 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.

KENNY MCINTOSH

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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