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## COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Blue Palm Name of Limit	Accounting and Aualytics, LLC. ed Liability Company		
The enclosed Articles of Organization and fee(s) are s	submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Kurt F. Ju	on 9		
Blue Palm Au	unting and Analytics, LLC. Firm/Company		
2107 Decrbrook	Dr.		
Lakeland, FL.	33811		
Lekland, FL. KurtJ2020@9	Mail. Com		
E-mail address: (to be used for	or future annual report notification)		
For further information concerning this matter, please of	ali:		
Name of Person Are	63 370-9029		
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	Street Address		
New Filing Section	New Filing Section Division		
Division of Corporations	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
P.O. Box 6327 Tallahassee, FL 32314	Tallahassee, FL 32303		

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:	
Blue Pai	In Accounting	and Analytics, LLC.
(Must conatin the	e words "Limited Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Lim	nited Liability Company is:
Principal Off	ice Address:	Mailing Address:
2107 Decrbrood	33811	2107 Decrbrook Dr Lak-lend, FL 318/1
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot another business entity with an active	ot serve as its own Registered Age	Agent's Signature: ent. You must designate an individual or
The name and the Florida street address	ss of the registered agent are:	
	Name  107 Decreption	Thy Talland Sep 19

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..

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(CONTINUED)

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

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Ambre All Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

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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 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.

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)