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Florida Department of State

Division of Corporations

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To:

Division of Corporations
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Account Name : LYONS & LYONS, P.A.
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Phone : (239)948-1823
Fax Number : (239)948-1826

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jeremyjuffe@gmail.com

FLORIDA LIMITED LIABILITY CO.

BLUE POINT ASSOCIATES, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
BLUE POINT ASSOCIATES, LLC

ARTICLE I – NAME

The name of the limited liability company is Blue Point Associates, LLC. (the "Company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address:
521 109th Avenue North, Unit A
Naples, Florida 34108

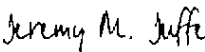
Mailing Address:
420 West Edgewood Avenue
Linwood, NJ 08221

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Jeremy M. Juffe
521 109th Avenue North, Unit A
Naples, Florida 34108

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.

DocuSigned by:

Jeremy M. Juffe

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

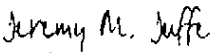
MGR

Jeremy M. Juffe
521 109th Avenue North, Unit A
Naples, Florida 34108

MGR

Irving M. Juffe
420 West Eastwood Avenue
Linwood, New Jersey 08221

REQUIRED SIGNATURE:

DocuSigned by:

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

Jeremy M. Juffe
Typed or printed name of signer

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