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TO:	New Filing Section
	Division of Corporations

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BlueJeans Forever, LLC

SUBJECT: _

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:

Patrick Greene

Name of Person

BlueJeans Forever, LLC

Firm/Company

4287 Del Prado Cir

Address

Pace, FL 32571

City/State and Zip Code

pgreene13@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Green	e al	850 (860.0440			
Nam	e of Person	Area Code	Daytime Telephon	e Number	2022	_
Enclosed is a check for the	ne following amount:				2023 NOV	
□\$125.00 Filing Fee	□\$130.00 Filing Fc Certificate of Status	Certif	55.00 Filing Fee & Ied Copy al copy is enclosed)	Certificate of Certified Cop		F D
<u>Mailin</u>	g Address		Street Address		•	
New Fi	ling Section		New Filing Section D	ivision		
Divisio	in of Corporations		The Centre of Tallaha	assee		
P.O. B	ox 6327		2415 N. Monroe Stre	et, Suite 810		
Tallaha	issee, FL 32314		Tallahassee, FL 3230	13		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BlueJeans Forever, 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:
4287 Del Prado Cir	4287 Del Prado Cir
Pace, FL 32571	Pace, FL 32571

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:

Patrick Gr	eene		
		Name	
4287 Del I	Prado Cir_		
Florida su	reet add r es	ss (P.O. Box <u>NOT</u> ac	ceptable)
Pace		FL	32571
	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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

MGR	Patrick Greene
	4287 Del Prado Cir
	Pace, FL 32571
	· · · · · · · · · · · · · · · · · · ·

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.

D SIGNATURE:	Ċ	20
Satrick Mano	금만	23
Signature of a member or an authorized repres	sentative of a member.	NO
This document is executed in accordance with section 6	505.0203 (1) (b). Florida Statu	tes. 🔁
I am aware that any false information submitted in a doc	curnent to the Department of S	tate
constitutes a third degree felony as provided for in \$.817	7.155. F.S.	• -
	SE	AH
Patrick Greene		>
Typed or printed name of sig	nee	9
		6

\$ 5.00 Certificate of Status (Optional)