

# Florida Department of State

Division of Corporations  
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(((H24000400078 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6381

2nd Request

From:

Account Name : SALOMON B. ESQUENAZI, P.A.  
Account Number : I20130000020  
Phone : (954)989-4995  
Fax Number : (954)989-4991

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

Email Address: corporate@esquenazi-law.com

## FLORIDA LIMITED LIABILITY CO.

### Blue Life Secure of Florida LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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Electronic Filing Menu

Corporate Filing Menu

Help

Audit No.: H24000400078 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I. Name**

The name of the Limited Liability Company is:

**BLUE LIFE SECURE OF FLORIDA LLC**

**ARTICLE II. – Addresses**

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

One Alhambra Plaza,  
Floor PH 1430,  
Coral Gables, Florida, 33134

**ARTICLE III. – Registered Agent, Registered Office,  
& Registered Agent's Signature:**

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

Corporate Solutions of South Florida, Inc.  
4651 Sheridan Street, Suite 355,  
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

Corporate Solutions of South Florida, Inc

  
Salomon B. Esquenazi, President

Audit No.: H24000400078 3

Thus instrument was prepared by:

Salomon B. Esquenazi, P.A.

4651 Sheridan Street, Suite 355

Hollywood, Florida 33021

(954) 989-4995

FILED  
12/11/2024

Audit No. H24000400078 3

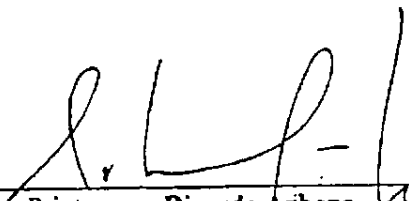
#### ARTICLE IV. – Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the manager who is to serve as initial manager is:

**ARBONA, RICARDO**  
14580 SW 20th St,  
Miami, FL 33175

#### ARTICLE V. – Commencement of Existence - Effective Date

The existence of the Company will commence on January 1, 2025.



Print name: **Ricardo Arbona**

Signature of a member or authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes,  
the execution of this document constitutes an affirmation

under the penalties of perjury that the facts stated herein are true.

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.)

4928-1037-4659, v. 1

Audit No: H24000400078 3  
This instrument was prepared by:  
Salomon B. Esquenazi, P.A.  
4651 Sheridan Street, Suite 355  
Hollywood, Florida 33021  
(954) 989-4995