

C25000009093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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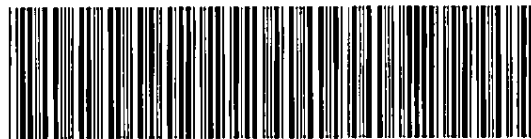
(Business Entity Name)

(Document Number)

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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/08/2025
Acc#I20160000072

en: c DW

Name:	Blue Valley Vista LLC		
Document #:			
Order #:	16073638		
Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Ref# _____

Amount: \$ **155.00**

Thank you!

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

ARTICLE I - Name

The name of this limited liability company is **Blue Valley Vista LLC** (the "Company").

ARTICLE II - Address

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

4300 North Meridian Road
Tallahassee, Florida 32312

ARTICLE III - Existence and Duration

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management

The Company is a manager-managed limited liability company. The name and Florida street address of the initial manager of the Company are:

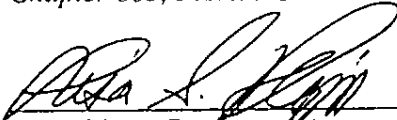
Lisa Phipps
4300 North Meridian Road
Tallahassee, Florida 32312

ARTICLE V – Registered Agent

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

Lisa Phipps
4300 North Meridian Road
Tallahassee, Florida 32312

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, Florida Statutes.

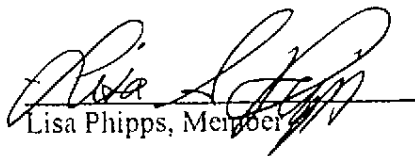


Lisa Phipps, Registered Agent

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REQUIRED SIGNATURE:


Lisa Phipps, 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 section 817.155, Florida Statutes.)

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**DEPARTMENT OF STATE
TALLAHASSEE, FL**