

1250000 26482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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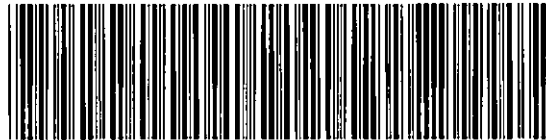
(Business Entity Name)

(Document Number)

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01/16/2025

NAME: BLUELINE FLIPS, LLC

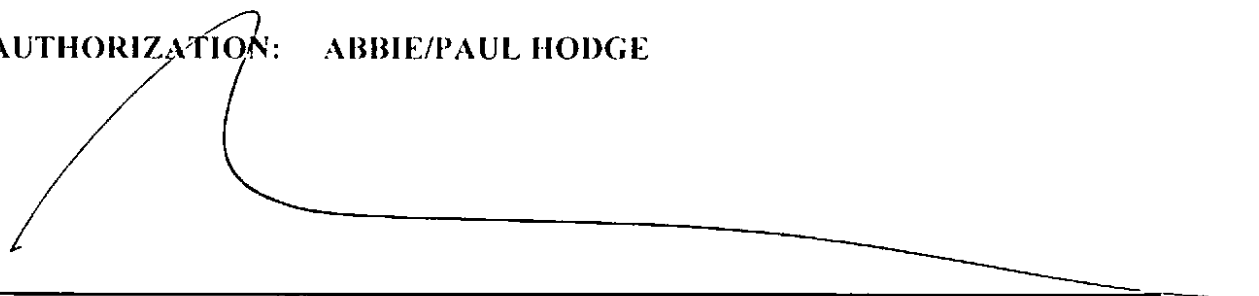
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Blueline Flips, LLC
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:

_____	Name of Person
Blueline Flips, LLC	
_____	Firm/Company
2003 N East Avenue STE B	
_____	Address
Panama City, FL 32405	
_____	City/State and Zip Code
john@phamilyties.com	
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

Kyle A. Delgado, Esq.	727	417-4678
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| ☒ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BlueLine Flips, 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:

<u>2003 N East Avenue STE B</u>	<u>2003 N East Avenue STE B</u>
<u>Panama City, FL 32405</u>	<u>Panama City, FL 32405</u>

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:

John Dake
Name

2003 N East Avenue STE B
Florida street address (P.O. Box **NOT** acceptable)

<u>Panama City</u>	<u>FL</u>	<u>32405</u>
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..

DecSigned by
JOHN DAKE
SA 1028145884150
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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