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DATE:

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BLUELINE FLIPS, LLC

TYPE OF FILING: ARTICLES

COST:

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RETURN: PLAIN COPY PLEASE

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AUTHORIZATION:

ABBIE/PAUL HODGE

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#### COVER LETTER

то:	New Filing Sect Division of Cor							
SUBJI	Blueline Fli	ips, LLC						
		Name o	f Limited	Liabilit	y Company		-	
The en	closed Articles of 0	Organization and fee(	s) are sub	mitted f	or filing.			
Please	return all correspo	ndence concerning th	is matter t	o the fo	Howing:			
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	Blueline Flip	s. LLC					÷	125 J
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For furtl	er information con	ocerning this matter, p	lease call:	:				
	Kyle A. Delga		727 t (	(	417-4678		_	
	Name	e of Person	Area C	ode	Daytime Telephon	e Number		
Enclos	ed is a check for th	ne following amount:						
<b>■</b> \$12:	5.00 Filing Fee	□\$130,00 Filing For Certificate of Status	s (	Certifie	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Certificate Certified ( (additional c	e of Status Copy	&
	New Fi Divisio	g Address ling Section n of Corporations ox 6327		Ā T	treet Address lew Filing Section D he Centre of Tallah 415 N. Monroe Stre	assee		

Tallahassee, FL 32314

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: 2003 N East Avenue STE B 2003 N East Avenue STE B Panama City, FL 32405 Panama City, FL 32405 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

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..

Florida street address (P.O. Box NOT acceptable)

State

Zip

Panama City

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	John Dake 2003 N East Avenue STE B Panama City, FL 32405	
MGR	Colin Moriarty 1149 Atlantic Avenue Rochester, NY 14610	- - -
		2025 JAN
	<u></u>	_~_ !
(Use attachment if necessary)		M 9: 47
an effective date is listed, the date must be speaked of filing.)	te of filing:	-
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	are blood to	
SOAN DAKE	(din Moriarty	
Signature of a n This document is execut I am aware that any fals	nember or an authorized representative of a member, ruted in accordance with section 605.0203 (1) (b). Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	

### Filing Fees:

Colin Moriarty
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

John Dake