

1250000 26482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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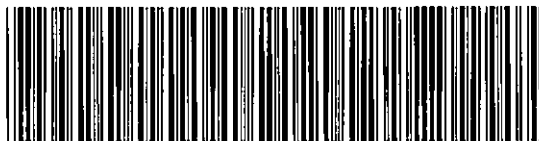
(Business Entity Name)

(Document Number)

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**DATE: 01/16/2025**

**NAME: BLUELINE FLIPS, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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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:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

2003 N East Avenue STE B

Panama City, FL 32405

2003 N East Avenue STE B

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

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

Panama City

FL

32405

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**\$ 5.00 Certificate of Status (Optional)**