

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L25000040136**PL
2-4-25

Now, please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000040818 3)))



H250000408183ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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

Email Address: _____

2025 FEB -3 PM 1:21

STATE

STATE

FLORIDA LIMITED LIABILITY CO.
Blue Ring Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2025 FEB -3 PM 1:01

STATE

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

(((H250000408183)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Ring Solutions, 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:4421 Beacon DriveSarasota, FL 34232Mailing Address:4421 Beacon DriveSarasota, FL 34232

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:

Registered Agents Inc

Name

7901 4th Street N., Suite 300Florida street address (P.O. Box **NOT** acceptable)St. PetersburgFL33702

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..

David Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H250000408183)))

((H250000408183)))