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(Requestor's Name) SECRETARY OF TALLAHASSEE, F)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	01/25/0501016015 **130.00
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED
SUBJECT: Blackhill Investments LLK.	2005 JAN 24 🏳 2: 23
(Name of Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James T. Wright (Name of Person)	
N/A (Firm/Company)	
(Firm/Company)	
511 South K- Street	
Lake Worth, FL 33460-45	<u> </u>
For further information concerning this matter, please call:	
Mark Wright at (860) 460-89 (Name of Pecton) (Area Code & Daytime Telep	share Number
Enclosed is a check for the following amount:	more (various)
Certificate of Status Certified Copy (additional copy is enclosed)	I \$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
STREET ADDRESS: MAILING ADD Registration Section Registration Sect Division of Corporations Division of Corp 409 E. Gaines Street P.O. Box 6327	ion

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	2005 JAN 24 ₱ 2: 23	
The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORINA	
Blackhill Investments	LLL	
ARTICLE II - Address:		
The mailing address and street address of the principal of	of the Limited Liability Company is:	
Principal Office Address: Mailin	ng Address:	
511 South K. Street 51 Lake Worth, Fl 33460-4511 La	ka Warth, FL 33460-4511	
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:	
The name and the Florida street address of the registered	-	
James T. Wright		
1100000		
511 Sputh K Street Florida street address (P.O		
Florida street address (P.O	Box NOT acceptable)	
Lake Worth FL33	460-4511	
City, State, and Zip		
Having been named as registered agent and to accept se liability company at the place designated in this certif registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performan accept the obligations of my position as registered ag	ficate, I hereby accept the appointment as ner agree to comply with the provisions of all ce of my duties, and I am familiar with and	

(CONTINUED)

. ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	FILED
MGR	Robert Champingal 192 Blackhill Pd Planified, CT 06779	2005 JAN 24 P 2: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	James Wright 511 South K Street Lake Worth, FL 33460-	45(1
MGRM	Mark Wright 1206 Pineburst Rd. Bryston Bench, FL 734	
(Use attachment if necessary) NOTE: An additional article must	be added if an effective date is req	uested.
REQUIRED SIGNATURE:	L Wha	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Wh Wylaht
Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)