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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## COVER LETTER

TO: Registration Section
Division of Corporations

Blackbird Pedalboards 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:

David Quinones
Name of Person
Blackbird Pedalboards
Firm/Company
3611 Trapnell Grove Loop
Address
Plant City, FL 33567
City/State and Zip Code
sales@blackbirdpedalboards.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Quinones 813 6105999
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

# **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L	me: imited Liability Company	y is:		
Blackbird Pedalboard	ds LLC			
	(Must end with the we	ords "Limited I	iability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Ad	ldress:			
The mailing address	ss and street address of th	ie principal off	ice of the Limited Liability Com	ıpany is:
Principal Office A	Address:	Mailin	Address:	
1808 Turkey Creek F	₹d		3611 Trapnell Grove Loop	
Plant City, FL 33566			Plant City, FL 33567	
(The Limited Liab another business e		ve as its own R da registration.	•	
	David Quinones			
		Name		
	3611 Trapnell Grove L	.оор		
	Florida street addre	ess (P.O. Box ]	NOT acceptable)	
	Plant City		FL 33567	

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..

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

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SECRETARY TO THE SECRET

Title:	Name and Address:
"AMBR" = Authorized Member	<del>- :</del>
"MGR" = Manager	
AMBR	David Quinones
	3611 Trapnell Grove Loop
	Plant City, FL 33567
EV: Effective date, if other than the date ctive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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