

L22000 116028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

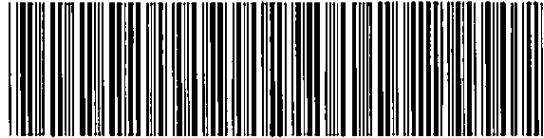
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L22000 32029

Office Use Only



000382828360

03/10/22--01017--032 **125.00

RECEIVED
2022 MAR 10 PM 2:59
ALLIANCE
DEPARTMENT OF STATE
DIVISION OF CORPORATE & FIDUCIARY AFFAIRS
TALLAHASSEE, FLORIDA
2021 MAR 21 AM 9:28
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2022

CAPITAL CONNECTION

SUBJECT: H & H GROUP, LLC
Ref. Number: W22000032029

RECEIVED
2022 MAR 21 PM 2:42
TALLAHASSEE, FLORIDA

We have received your document for H & H GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F94000005516.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 922A00005897

FILED
2021 MAR 21 AM 9:28
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BLACK LAKE PARTNERS LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

2021 MAR 21 AM 9:28
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

FILED

Signature _____

Requested by:
Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Black Lake Partners, 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:

PHILIP K. CLARKE

Name of Person

KASS SHULER, P.A.

Firm/Company

1505 N FLORIDA AVE

Address

TAMPA, FL 33602

City/State and Zip Code

PCLARKE@KASSLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP K CLARKE 813 229-0900 X 1305
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

2021 MAR 21 AM 9:28
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLACK LAKE PARTNERS, 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:

19005 RED BIRD LANE
LITHIA, FL 33547

19005 RED BIRD LANE
LITHIA, FL 33547

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:

PHILIP K. CLARKE

Name

1505 N FLORIDA AVE

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

TAMPA

FL

33602

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2021 MAR 21 AM 9:28
SECRETARY OF STATE
ALLIANCE STATE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

HIGHLAND PROPERTIES OF GULFCOAST, INC.
19005 RED BIRD LANE
LITHIA, FL 33547

(Use attachment if necessary)

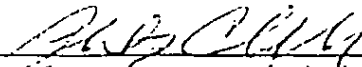
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

PHILIP K. CLARKE

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)

2021 MAR 21 AM 9:28
FILED
DEPARTMENT OF STATE
REGISTER OF CORPORATIONS
TALLAHASSEE, FLORIDA