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To:

Division of Corporations

Fax Number

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From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number: 120010000112
Phone: (302)575-0875
Fax Number: (302)575-0925

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## LIMITED LIABILITY COMPANY

Black Onyx Enterprises LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Black Onyx Enterprises LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Hability Company is: 2901 SW 41st Street, Apt. 1903, Ocala, FL 34474

ARTICLE III - Registered Agent, Registered Office, & Registered Agent' Signature:

The name and the Florida street address of the registered agent are:

Agents and Corporations, Inc. Suite E, 773 4th Avenue North Naples, FL 34102

Having been named as registered agent and to accept services 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 608, F.S.

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(in accordance with section 609.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jonathan D. Smith

Typed or printed name of signee