

U020000033/87

Susie Knight

(Requestor's Name)

CSC

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

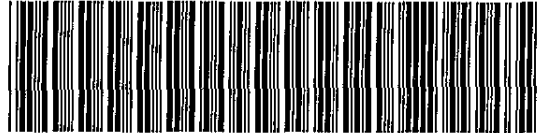
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ACCOUNT NO. : 072100000032

REFERENCE : 851205 7184109

AUTHORIZATION :

*Patricia Pizote*

COST LIMIT : \$ 160.00

ORDER DATE : December 10, 2002

ORDER TIME : 9:12 AM

ORDER NO. : 851205-005

CUSTOMER NO: 7184109

CUSTOMER: Jack B. Owen, Jr., Esq  
Jack B. Owen, Jr. Attorney At  
Law  
Suite 206  
4500 Pga Boulevard  
West Palm Beach, FL 33418

DOMESTIC FILING

NAME: BLACKBIRD EXCHANGE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Blackbird Exchange, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
4500 PGA Boulevard, Suite 206, Palm Beach Gardens, Florida 33418

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

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

Jack B. Owen, Jr.

Name

4500 PGA Boulevard, Suite 206

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

Palm Beach Gardens

FL 33418

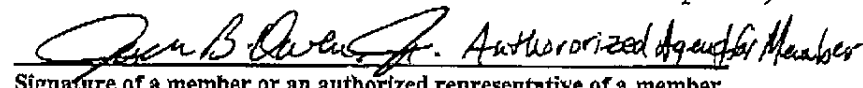
City, State, and Zip

*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 608, F.S.*



Registered Agent's Signature

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

  
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.)

Jack B. Owen, Jr. , *Authorized Agent for Member*

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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