

L04000000440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

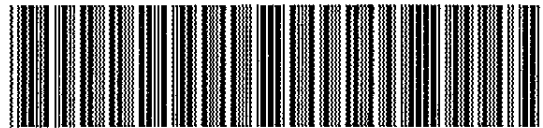
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Fee	
Availability	
Document	Office Use Only
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	
A. P. Verifier	



200025675902

12/23/03--01036--004 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 23 PM 1:05

*FILED
Vneal*

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

December 22, 2003

Please find enclosed the Articles of Organization and a check for \$125.00 for filing fee and designation of registered agent. You may contact me at the following address and phone number:

William M. Cameron II
22 Helene Dr.
Randolph NJ 07869

Work 212.284.9427
Home 973.989.1280

Sincerely,


William M. Cameron II

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blackford Oaks, 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:

William M. Cameron II
(Name of Person)

(Firm/Company)

22 Helene Dr.
(Address)

Randolph, NJ 07869
(City/State and Zip Code)

For further information concerning this matter, please call:

William M. Cameron II at (212) 284-9427
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 23 PM 1:05

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blackford Oaks, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

22 Helene Dr., Randolph, NJ 07869

Mailing Address:

22 Helene Dr., Randolph, NJ 07869

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

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

Lawrence A. Spera

Name

440 Sandpebble Trace, #402

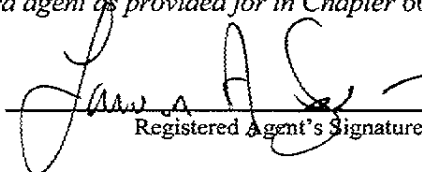
Florida street address (P.O. Box **NOT** acceptable)

Stuart, FL 34996

FLORIDA

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, Florida Statutes..



Registered Agent's Signature

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:

MGMR

William M. Cameron, II

22 Helene Dr., Randolph, NJ 07869

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

William M. Cameron, II

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)