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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	-

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08/26/04--01013--014 **160.00



TRANSMITTAL LETTER

TRANSMITTAL LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: Blackhawk Services LLC Allegary (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:			
Wayve Tope (Name of Person)			
(Name of Person)			
(Firm/Company)			
2420 W BYANDOS Blud #226 (Address)			
Brandon 12 355/ (City/State and Zip Code)			
(City/State and Lip Code)			
For further information concerning this matter, please call:			
WAYNE TOPE at (8/3) 404-4534 (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

Please see attacked for Ds:

*100 Articles of Iscorp

25 Registered Agent

30 Certified Copy

5 Cert. of STATES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

day to the second of the secon

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blackhawk services LLC

ARTICLE II - Address:

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

Principal Office	<u>Address:</u>			Mailing Addre	ess:		
2420 W	BrANDON	Blue ;	#226	2420	W	BrANDON	Shall
Brandos	12 3	3571	,	BranDOS	FC.	33511	# 226

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

Name

2420 W BSANDON Blud # 226

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

Brando J F FLORIDA 5351/

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 proyided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	o, Mr. A.	
ARTICLE IV- Manager(s) or Manage The name and address of each Manage		C
<u>Title:</u> "MGR" = Manager	Name and Address:	. 15
"MGRM" = Managing Member	Wayne Tope	's #22.6
MGRM	Patricia Tope 2420 W Brando BWD	#-226
	BRANDOD FL 3351/	
		ا د خطه وقد از المحمد بن المحاود
(Use attachment if necessary)		g a Brazza
NOTE: An additional article must b	e added if an effective date is requested.	
REQUIRED SIGNATURE:		er jer
	authorized representative of a member. 8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)	1

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)