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IVALIANCEEF FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blackmon Phillip Lee, 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:
Blackman Phillip Lee (Name of Person)
Blackman Phillip Lee, LLC
6447 Meadow Field Circle Fig 5
Pensacola Fl 32526 (City/State and Zip Code) Report Service State and Zip Code)
For further information concerning this matter, please call: Dockman at (850) 044-3685 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\frac{1}{2}\$\$ \$125.00 Filing Fee \$\frac{1}{2}\$\$ \$130.00 Filing Fee \$\frac{1}{2}\$\$ \$155.00 Filing Fee \$\frac{1}{2}\$\$ \$160.00 Filing Fee, Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blackmon Philli	p Lee, LLC
ARTICLE II - Address: The mailing address and street address of the printer.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10447 Meadow Field Cir. Pensorola, Fl 32526	1947 Meadow Field Cir Pensacola, Fl. 32526
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature
The name and the Florida street address of the re	egistered agent are:
Blackmon, Phi Name	llip Lee
6447 Meadow Florida street addr	ress (P.O. Box NOT acceptable)
Pensacola City State as	FL 3252L

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

(CONTINUED)

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:	
MGRM	Blackman, Phillip Lee 16447 Meadow Field Circle Pengarala Fl 32526	
		
	SEE	
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE: Signature of a member or	Lee Bladanananananananananananananananananana	
of this document constitute: that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)	
<u>blackmar</u> 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)