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TALLAHASSEE, FLORIDA

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\*

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Black Out Movement, 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:

Wonda S. Carter, Esq.  
(Name of Person)

The Carter Law Firm, LLC  
(Firm/Company)

83 Walton Street, Suite 203  
(Address)

Atlanta, GA 30303  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wonda S. Carter at ( 404 ) 954-6625  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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

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TALLAHASSEE, FLORIDA

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Articles of Organization  
of  
**The BlackOut Movement, LLC**

**Article 1.**

The name of the Limited Liability Company is The BlackOut Movement, LLC.

**Article 2.**

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

**Principal Office Address**  
2419 Madison Street  
Hollywood, Florida 33020

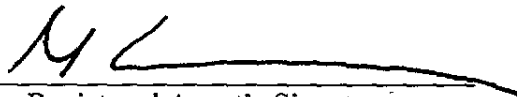
**Mailing Address**  
2419 Madison Street  
Hollywood, Florida 33020

**Article 3.**

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

Marilyne LeCointre  
2419 Madison Street  
Hollywood, Florida 33020

*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

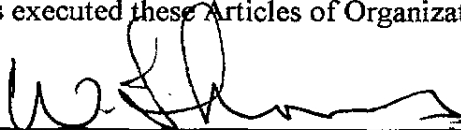
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**Article 4.**

Management of the limited liability company is vested in two (2) members whose names and addresses are as follows:

<b>Title</b>	<b>Name and Address</b>
MGRM	Winston Thomas 10700 NW 1 <sup>st</sup> Street Plantation, Florida 33324
MGRM	Thomas Simon 140 Winford Close Duluth, Georgia 30097

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization.

  
\_\_\_\_\_  
Winston Thomas

(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.)

Winston Thomas  
\_\_\_\_\_  
Print Member Name

  
\_\_\_\_\_  
Thomas Simon

(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.)

Thomas E. Simon  
\_\_\_\_\_  
Print Member Name

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