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DIVISION OF CERPORATIONS

06 JUN 20 AM ID: F-

B. Tadlock | IIIN 2 9 7006

### **COVER LETTER**

TO: Registration S Division of Co			
<sub>SUBJECT:</sub> Black f	Rock Bison LLC		
		d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
R. A. Rand	dall CPA, registered a		
	(1	Name of Person)	
R. A. Rand	lall CPA		
	(	Firm/Company)	
2404 N. B	roadway		
		(Address)	
Muncie, Ir	ndiana 47303		
	(City.	/State and Zip Code)	
For further information	concerning this matter, please	call:	
R. A. Randall CF	PA, registered agent	at ( 727 ) 424-188 (Area Code & Daytime To	3
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

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

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Black Rock Bison LLC		
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	S INIG
2536 Countryside Blvd. 2nd Floor Suite 200	2404 N. Broadway	#01S
Clearwater, Florida 33763	Muncie, Indiana 47303	<b>い</b> 号語
		OORPO
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature = ered Agent. You must designate an individual or another	OF THE SECUL OF CORPORATIONS
The name and the Florida street address of the re	egistered agent are:	<b>J.</b>
R. A. Randall CPA		
Name		
2536 Countryside Blvd. 2nd	Floor Suite 200	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)	
Clearwater, Florida 33763	FL	
City, State, ar	nd Zip	
Having heen named as registered agent and to a	accept service of process for the above stated	limited

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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**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.)

R. A. Randall CPA

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)