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COVER LETTER

TO: Registration Se Division of Co						
SUBJECT: Black	Γie Enterprises, LLC					
	(Name of Limite	ed Liability Comp	any)			
	f Organization and fee(s) are s		_			
Please return all corresp	condence concerning this matter	er to the following	3 :			
Bernard G.						_
		(Name of Person)				•
Black Tie E	Enterprises, LLC					
**************************************		(Firm/Company)				•
1204 Well	ington Way					-
		(Address)			ŽΩ	96
Safety Ha	rbor, Florida 3469	5			三部	030
	(City	/State and Zip Cod	e)		SSA	9-
For further information	concerning this matter, please	call:			E. FLC	AM 10: 43
Bernard G. Lang	lois	at (727	, 409-778	6		: 43
· (Name	of Person)		le & Daytime T	elephone Number)		
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	у	\$160.00 Fili Certificate of S Certified Copy (additional copy is	tatus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Addression Section of Corporatio Suilding ecutive Center see, FL 32301	ns		

ARTICLE I - Name: The name of the Limited Liability Company is: Black Tie Enterprises, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: **Mailing Address:** Black Tie Enterprises, LLC Black Tie Enterprises, LLC 1204 Wellington Way 1204 Wellington Way Safety Harbor, Florida 34695 Safety Harbor, Florida 34695 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Bernard G. Langlois Name

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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..

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

1204 Wellington Way

Safety Harbor

(CONTINUED)
Page 1 of 2

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	Bernard G. Langlois	
	1204 Wellington Way	•
	Safety Harbor, Florida 34695	- -
MGRM	Brian G. Langlois	
	7141 Moss Ledge Run	-
	Land O Lakes, Florida 34637	- -
MGRM	Christine Langlois	
	1204 Wellington Way	
	Safety Harbor, Florida 34695	855 0 90
	<u> </u>	
**************************************	<u> </u>	9 6
(Use attachment if necessary)		AM 10: 43
(,,,	₩m	చే
LEV: Effective date, if other than t	the date of filing: (OPTIC	NAL)
effective date is listed, the date must of days after the date of filing.)	t be specific and cannot be more than five business	days pri
•		
REQUIRED SIGNATURE:		

Bernard G. Langlois

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)