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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Con					
SUBJECT: Obsidia	n Petro LLC				
		d Liability Company)			
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Abraham (C. McKinnon				
	(Name of Person)			
Korey, Swe	et, McKinnon, Simp	son & Vukelja			
		Firm/Company)	···		
595 W. Gr	anada Blvd. Suite	Α		0	므
		(Address)		7 #	VISIC
Ormond B	each, FL 32174			AR 2	12.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5 13
	(City	/State and Zip Code)			103
For further information	concerning this matter, please	call:		17 MAR 20 PM 12: 56	DIVISION OF CORPORATIONS
	, , , , , , , , , , , , , , , , , , ,			56	Ē
Abraham C. McK	innon	at (386) 6773431			S
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check fo	r 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 For Certificate of Status of Certified Copy (additional copy is enclosed)	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Addres Registration Section Division of Corporatio Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
Obsidian Petro LLC		
(Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "I	C.,")
ARTICLE II - Address: The mailing address and street address or	of the principal office of the Limited Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	
595 W. Granada Blvd.	595 W. Granada Blvd.	
Suite A	Suite A	
Ormond Beach, FL 32174	Ormond Beach, FL 32174	
The name and the Florida street address Abraham C. McKinno	-	07 07
	Name	SECRETARI IIVISION OF 1 07 MAR 20
595 W. Granada Blvd. Suite A		FIAR FOF (
Florida s	street address (P.O. Box NOT acceptable)	Y OF STA ORPORAL PM 12:
Ormond Beach	FL 32174	25 58 58 58 58
City	y, State, and Zip	Alle Alle 56
liability company at the place designor registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the abovated in this certificate, I hereby accept the appearancity. I further agree to comply with the plete performance of my duties, and I am fant as registered agent as provided for in Chapt	pointment as provisions of all niliar with and
	N (

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGR	Julianne Piggotte		
	595 W. Granada Ave. Suite A		
	Ormond Beach, FL 32174		
	day to the state of the state o	—	

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			SION SOJ
		MAR 20	SE
		PH 2:	OR A
(Use attachment if necessary)		56	SKOLL
RTICLE V: Effective date, if other than the da	te of filing: (OP	TIONA	.L)
an effective date is listed, the date must be sp	pecific and cannot be more than five busin	ess day	s prior
or 90 days after the date of filing.)			
REQUIRED SIGNATURE:	$\langle \gamma \rangle$.		
Alexen	, Selfelle		
Signature of a member of	ran authorized representative of a member.		
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)		
Julianne Piggotte			
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)