

L07000103331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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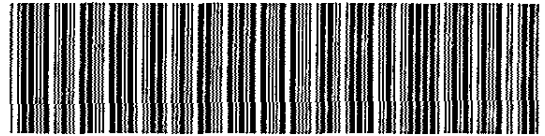
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/10/07--01014--013 \*\*125.00

Effective Date 01/01/2008

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Virginia E. Duggan  
435 1<sup>st</sup> Street SW  
Naples, FL 34117  
239-455-5563

October 5, 2007

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Black Ink Bookkeeping, LLC

Dear Ladies/Sirs:

The enclosed Articles of Organization for Black Ink Bookkeeping, LLC and check in the amount of \$125.00 are submitted for filing. Please return all correspondence concerning this matter to the following:

Virginia E. Duggan  
435 1<sup>st</sup> Street SW  
Naples, FL 34117-2104

For further information concerning this matter, please call: Virginia E. Duggan at (239) 455-5563.

Sincerely,

  
Virginia E. Duggan

Enclosure

Effective Date 01/01/2008

**ARTICLES OF ORGANIZATION  
FOR  
BLACK INK BOOKKEEPING, LLC**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is: **BLACK INK BOOKKEEPING, LLC**

**ARTICLE II - Address:**

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

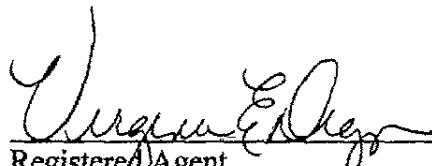
435 1<sup>st</sup> Street SW, Naples, FL 34117-2104

**ARTICLE III - Registered Agent, Registered Office  
& Registered Agent's Signature:**

The name and street address of the registered agent are:

Virginia E. Duggan  
435 1<sup>st</sup> Street SW  
Naples, FL 34117-2104

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 in Chapter 608, F.S.

  
\_\_\_\_\_  
Registered Agent

**ARTICLE IV – Manager or Managing Member:**

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

Title:

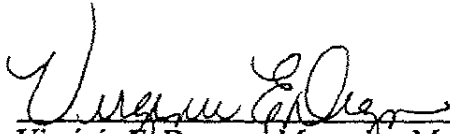
MGRM

Name and Address:

Virginia E. Duggan  
435 1<sup>st</sup> Street SW  
Naples, FL 34117-2104

**ARTICLE V - Effective Date:**

Effective date: January 1, 2008 @ 12:01 a.m.



Virginia E. Duggan, Managing Member

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JANUARY 1, 2008