## L080000 57854

(Requestor's Name) (Address)	800
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	06/
	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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B. KOHR

JUN 1 2 2008

**EXAMINER** 

08 JUN 12 PH 1: 15 TALLAHASSEE FI DOME

## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

<i>.</i> *	Office Use Only
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if known):
1. BLACK GOL	Office Use Only  NENT NUMBER(S), (if known):  (Document #)
2. (Corporation Name)	
(Corporation Name)  3.	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  2.00
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
	Evaminer's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	. 75
BLACK GOLD RE	SOURCES LLC.  y Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liabilit	SOURCES LLC." or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5111 PINETREE DRIVE	DORAL FL
MiAMI Beach	DORAL FL
<u> </u>	33178
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Jose CARLO Name	s PETKOVICH
M355 NW .	ress (P.O. Box NOT acceptable)
VORAL	FL 33178
City, State, a	na Zip
Uming hear named as registered agent and to	recent remice 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)

The name and address of each Man	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGING HEMBER	FAISAL AL FASSI 5111 PINETREE DRIVE MIAMI BEACH FL 33140
MANASING HENBER	JORGE LUIS ELORTEGUI 10355 NW 45 LANE DORAL EL 33178
MANAGINS MEMBER	Michael JAMES PETKOVICH 10355 NW 45 LANG DORAL FL 33178
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than to the date is listed, the date must to or 90 days after the date of filing.)	he date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior
<b>REQUIRED SIGNATURE:</b>	·
	m & Coffmies
Signature of a men	per or an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)
_ Jase	Typed or printed name of signee
	I VIDEO OF DEIDIEG DAME OF SIGNEE

Filing Fees:

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

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

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