L08000116324

(Requestor's Name)
•
(Address)
•
(Address)
, i
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Charles Instructions to Filipp Officers
Special Instructions to Filing Officer:
·

Office Use Only



000139045290

12/22/08--01038--009 **130.00

2000 DEC 22 PM 1: 16

C. LEWIS
DEC 2 3 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	/1 //			
SUBJECT: Black Fox (Name of L	PROJORTY, LLC.			
The enclosed Articles of Organization and fee(s)	are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Mirrana	(Name of Person)			
\mathcal{O}	1: "			
Premier Real Estate Proporties, "ILC.				
	(Firm/Company)			
2799 NW 2Hd	AVENUE, SAE 204			
Derca ROJON	City/State and Zip Code)			
	(City/State and Zip Code)			
For further information concerning this matter, p	lease call:			
Ningana Cerrorah	at (S61) 317-9233 (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amoun	it:			
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee} Certificate of Statu				
Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building			

FILED

2000 DEC 22 PM 1: 16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Blackfox Proporty, LLC.
(Must end with the words "Limited Mability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6284 Blackfox Way 2799 NW 2nd Avenue Ste 20
Tallatussel, FL 39312 Duca ROUDN, FL 33431 (SG1) 317-9233
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:
Miryana Cororat
Name
2799 NW2Nd Avenut, Ste 204
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
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.
leizéenc Corolat

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

FILED

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

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

2000 DEC 22 PM 1:16

Title: "MGR" = Manager	Name and Address:	FALLAHASSEE.
"MGRM" = Managing Member "MGRM" = Managing Member		4204 431
	DECK ROUN, IC 3)	751
,		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	— — — — — — — — — — — — — — — — — — —	(OPTIONAL) ve business days prior
to or you days after the date of thing,	i	

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.)

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

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

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