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•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· · ·
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Ellinoper
Special Instructions to Filing Officer:
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. COVER LETTER

TO:	Registration S Division of Co				
SURI	_{ECT:} Rodne	y Black LLC			
30.23		<u> </u>	ted Liability Compa	iny)	
The en	nclosed Articles of	Organization and fee(s) are	submitted for filing	3 .	
Please	return all correspond	ondence concerning this mat	ter to the following	;:	
	Rodney D	Black			
	,		(Name of Person)		
	Rodney B	lack LLC			
			(Firm/Company)		
	4033 SW 2	2nd Ct			
			(Address)		
	Cape Cora	al, FL 33914			
		(Cit	y/State and Zip Code	:)	
For fu	rther information of	concerning this matter, pleas	e call:		
Roo	iney Black		_at (_239	470-137	75
	(Name	of Person)	(Area Code	c & Daytime Te	lephone Number)
Enclo	sed is a check fo	r the following amount:			
□\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding ocutive Center ee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rodney Black LLC (Must end with the words "Limited"	d Liability 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:					
4033 SW 2nd Ct	4033 SW 2nd Ct					
Cape Coral, FL 33914	Cape Coral, FL 33914					
business entity with an active Florida registration.) The name and the Florida street address of Rodney D Black	တ္တြင့္ပြဲ ယံ ခြို					
	5% 5 C					
4033 SW 2nd Ct	t					
4033 SW 2nd Ct	eet address (P.O. Box NOT acceptable)					
4033 SW 2nd Ct Florida str Cape Coral, FL 3	eet address (P.O. Box <u>NOT</u> acceptable)					
4033 SW 2nd Ct Florida str Cape Coral, FL 3	eet address (P.O. Box NOT acceptable)					

Registered Agept's Signature (REQUIRED)

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

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

	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Rodney D Black	
	4033 SW 2nd Ct	
	Cape Coral, FL 33914	
MGRM	Wendy M Black	
	4033 SW 2nd Ct	
	Cape Coral, FL 33914	
-		
	The state of the s	
(Use attachment if necessary)		
•	ne date of filing:	
TCLE V: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days price	or
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	be specific and cannot be more than five business days price	or
ICLE V: Effective date, if other than the effective date is listed, the date must		or
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days prices the specific and cannot be more than five business days prices.	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member o	ber or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitution.	be specific and cannot be more than five business days price. Determine the period of a member. Determine the period of	

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)