

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634~3694

Fax Number

: (305)633-9696



## ELORIDA/FOREIGN LIMITED LIABILITY CO.

blackhawk capital group, llc

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EMPIRE CORP KIT

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8/24/2009 Tp:pl 600Z/pZ/80

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Blackhawk Capital Group, LLC ARTICLE IN Address: The mailing address and street address of the principal office of the Limited I chen, 5955 Ponce de Leon Blval, Coral Gabi	Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent	t's Signature:
The name and the Florida street address of the registered agent are:	AUG CRET LAHI
Name	24 ARY ASSE
Florida street address (P.O. Box NOT acceptable)	
COVAL GABLES FL 33/46  City, State, and Zip	8: 22 STATE LORIDA
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply we statutes relating to the proper and complete performance of my duties, and I a accept the obligations of my position asxegistered agent as provided for in Cl.	e appointment as with the provisions of all om familiar with and
Rogistered Agent's Signature	
(An additional article must be added if an effective date is re	equested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Flurida 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:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agout
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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