

L09000084370

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EXAMINER



200159836932

08/31/09--01039--012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
**1300
09 AUG 31 AM 8:36

BLACK GATORS GRADS

PO Box 142526
Gainesville, FL 32614-2526

August 22, 2009

Re: Black Gator Grads, LLC

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached, please find the registration application for Black Gator Grads, LLC. Black Gator Grads is a not-for profit organization with the purpose of reuniting black alumni of the University of Florida in a professional setting. Black Gator Grads is not affiliated with or associated by any means with the University of Florida.

Regards,



Will Wilder

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Gator Grads, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marques J. Wilkes

Name of Person

Black Gator Grads, LLC

Firm/Company

P.O. Box 142526

Address

Gainesville, FL 32614

City/State and Zip Code

blackgatorgradreunion@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Will Wilder

Name of Person

at (202) 861-6640

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Black Gator Grads, LLC

(Must end with the words "Limited 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:

7119 SW 60th Place
2004
Gainesville, FL 32608

Mailing Address:

P.O. Box 142526
Gainesville, FL 32614-2526

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:

Jennifer Gauthier, Esq.

Name

5815 SW 146th Ct

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33183

City, State, and Zip

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DIVISION OF CORPORATIONS

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..

Jennifer Gauthier

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Marques Wilkes

7719 SW 60th Place, # 2004

Gainesville, FL 32608

MGR

Willie Wilder

350 G St SW, Unit 522N

Washington, DC 20024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Willie Wilder
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.)

Willie Wilder

Typed or printed name of signee

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)