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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

SEP - 9 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Black Creek Swamp Ventures 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:

Dale S. Wilson

Name of Person

Dale S. Wilson, P.A.

Firm/Company

Post Office Box 1808

Address

Green Cove Springs, FL 32043

City/State and Zip Code

Wilsdale@bellsouth.net

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

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For further information concerning this matter, please call:

Penny Hopper

Name of Person

at (904) 284-4440
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

OF

BLACK CREEK SWAMP VENTURES LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is BLACK CREEK SWAMP VENTURES, LLC.

**ARTICLE II
NATURE OF BUSINESS**

The general character, purpose, and nature of business to be transacted by this Company is development of business opportunities, including commercial acquisition and sale of real property, leasing, and any other forms of business that are lawful under the State of Florida.

**ARTICLE III
ADDRESS**

The mailing address and street address of the principal office of the company is 1888 Commodore Point Drive, Orange Park, FL 32003.

**ARTICLE IV
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE V
REGISTERED OFFICE/AGENT**

The registered office of this Limited Liability Company is 1888 Commodore Point Drive, Orange Park, FL 32003, and the Registered Agent at such location is Bryan Craig Price.

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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.


Bryan Craig Price

ARTICLE VI
MANAGER AND MANAGING MEMBERS

Title:

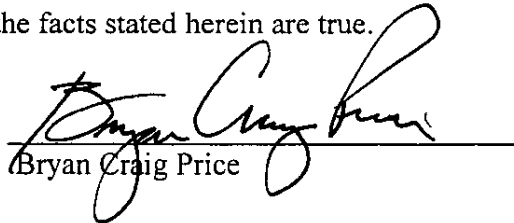
Name and Address:

Managing Member

Bryan Craig Price
1888 Commodore Point Drive
Orange Park, FL 32003

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TALLAHASSEE, FLORIDA

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Bryan Craig Price