

L10000101366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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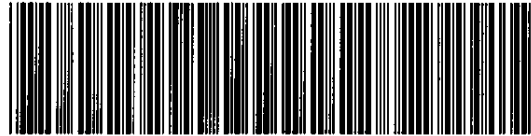
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 SEP 27 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 28 2010

EXAMINER

EFFECTIVE DATE

9/20/10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLCB 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:

JASON VIALET

Name of Person

Firm/Company

2075 CORNER MEADOW CIRCLE

Address

ORLANDO, FL 32820

City/State and Zip Code

jvialet@gmail.com

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

For further information concerning this matter, please call:

JASON VIALET

Name of Person

at (407) 810-2170

Area Code & Daytime Telephone Number

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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:

BLCB 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:

9441 Turkey Oak Bend  
Orlando, FL 32817

#### Mailing Address:

9441 Turkey Oak Bend  
Orlando, FL 32817

### 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:

JASON VIALET

Name

2075 CORNER MEADOW CIRCLE

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

ORLANDO, FL 32820

City, State, and Zip

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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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 9/20/10

**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:**

MGR

JASON VIALET  
2075 CORNER MEADOW CIRCLE  
ORLANDO, FL 32820

MGR

ANTHONY CHAMBERS  
5213 LEMON TWIST LANE  
WINDERMERE, FL 34786

MGR

ERIK RANGE  
9441 TURKEY OAK BEND  
ORLANDO, FL 32817

MGR

JAMES ALADIN  
3047 OAK PARK WAY #104  
ORLANDO, FL 32822

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/20/10 (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:**

  
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.)

JASON VIALET  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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)

**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

MGR

MGR

MGR

MGR

**Name and Address:**

ADAM BARNES  
4755 ANDERSON ROAD  
ORLANDO, FL 32828

DOUGLAS LAWSON  
6179 KEYNOLDS STREET  
WEST PALM BEACH, FL 33411

KEVIN LAWSON  
3430 HARROW LANE  
OWLEDO, FL 32765

SEAN WRIGHT  
2871 SOUTH CONWAY APT 125  
ORLANDO, FL 32812

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/20/10 (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:**

  
\_\_\_\_\_  
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.)

JASON VIALET  
\_\_\_\_\_  
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)

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