# L10000/17775

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT . MAIL				
(Business Entity Name)				
(Business Enuty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special instructions to Filing Officer:				

Office Use Only



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2010 NOV 10 AM III: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 1 2 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section				et e
Division of Cornoration	ıs	**	رقه ا	у .
A PANISH OF COPPORATION		,		
<sub>SUBJECT:</sub> Blacke Bac	k Stage, LL	.C		
		ed Liability Co	mpany	
		<b>,</b>	,	
The enclosed Articles of Organiza	tion and fee(s) are	submitted for f	iling.	
Please return all correspondence of	anaamina this mat	ton to the follow	vince.	
r lease return an correspondence c	oncerning this mar	iei io ilie ioliov	ving.	
Alex Blacke				
7 HOX BIGORO		Name of Person	<del></del>	
		. tame of the sou	•	
Lawrence Blac	ke P.A.			
		Firm/Company		
		•		
3326 NE 33 str	et			
		Address		· · · · · · · · · · · · · · · · · · ·
,			,	
Fort Lauderdale,	Florida 3330	)8		
- Ort Edddorddio,		y/State and Zip (	ode .	
		Jioute and Elp C	2040	
alexblacke@gmail				
E-mail	address: (to be used t	for future annual	report notification	1)
For further information concerning	z this matter, pleaso	e call:		
	,, p			
Alex Blacke		054	612.000	20
		_at ( 954	612-008	
Name of Person		Area C	ode & Daytime T	elephone Number
Inclosed is a check for the foll	owing amount:			
Favor of Pill B				□ <b>*</b> ••••••
	Filing Fee &		iling Fee &	\$160.00 Filing Fee,
Certif	icate of Status	Certified		Certificate of Status &
		(additional	copy is enclosed)	Certified Copy (additional copy is enclosed)
				(additional copy is enclosed)
	Address		t/Courier Addre	ess
	ation Section		tration Section	
Divisio P.O. Bo	n of Corporations		ion of Corporati	ons
	ssee, FL 32314		n Building Executive Cente	er Circle
, anana	5500, 1 25 525 17		nassee, FL 3230	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
------------------

The name of the Limited Liability Company is:

# Blacke Back Stage, 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:

Frincipal Office Address:	Mailing Address:			
3326 NE 33 street	3326 NE 33 street			
Fort Lauderdale, FL 33308	Fort Lauderdale, FL 33308			

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:

Alex Blacke

Name

3326 Ne 33 street

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

Fort Lauderdale

FL 33308

City, State, and Zip

2010 NOV 10 AM III: 18
SECRETARY OF STATE
TAIL ANASSEE. FLORID

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..

Regislered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

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

The name and address of each Manager or Managing Member is as follows: 2010 NOV 10 AM III: 18

"MGR" = Manager	Name and Address: DOCHETARY UP TALLAHASSEE. F
"MGRM" = Managing Member	•
MGRM	Alex Blacke
	3326 Ne 33 street
	Fort Lauderdale, FL 33308
<del></del>	
(Use attachment if necessary)	<del></del>
(Use attachment if necessary)	•
CLE V: Effective date, if other the effective date is listed, the date m	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr

Signature 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alex Blacke

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)