L10000126780

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

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COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: BIACKSTONE DEVELOPMENT GROUP 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: 336/0 City/State and Zip Code DAMRCLL 3046 (a) YA HOO . COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DARRELL SMI Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

BIACKSTONE DEVEL	ON MENT GROUP LLC miked Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is: $ \\$
Principal Office Address:	Mailing Address:
715 E. Bino ST.	6916 N. 30TH ST.
715 E. BinD ST. TAMPA, FI 33604	6916 N. 30TH ST. TAMPA, Fl. 33604
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Opportunit 6916 No 30	
Having been named as registered agen liability company at the place design	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all

Druel Sutt

Registered Agent's Signature (REQUIRED)

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.

(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:
MGR	DARRELL SMITH 6916 N. 30TH ST. JAMPA, FI. 33610
MGR	Kevin Gillespie 808 N. FRANKIN ST. STE 1612 TAMPA, FI. 33602
	2810 DE
	C-9 P
(Use attachment if necessary)	
CLE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: /2 // /O (OPTIONAL) De specific and cannot be more than five business days prior

ART (If an to or

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. 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.)

DARRELL SMITH
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)