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(Requesto	or's Name)
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PICK-UP	WAIT MAIL
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(Business	s Entity Name)
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Special Instructions to Filing	Officer:

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L. SELLERS

JAN 27 2011

EXAMINER



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01/21/11--01029--026 **130.00

NUMER PHI2: 28

COVER LETTER

Division of Corpor			
_{SUBJECT:} Black Op	s Systems LL	.C	
		ed Liability Compar	ny
The enclosed Articles of Org	anization and fee(s) are	submitted for filing.	
Please return all corresponde	nce concerning this mat	ter to the following:	
Manuel Sen	nprit		
	•	Name of Person	
Black Ops S	Systems LLC		
		Firm/Company	
11406 West	on Pointe Drive	e 103	
		Address	
Brandon Florid	da 33511		
	Cit	y/State and Zip Code	
manuel.semprit	t@gmail.com -mail address: (to be used t	Can Cutuma annual man an	+ most/Goostion\
For further information conce	•	·	t normcation)
Manuel Semprit		at (813	597-1239
Name of Per	rson		& Daytime Telephone Number
Enclosed is a check for the	e following amount:		
	30.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &
Re Di P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Black Ops Systems LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
11406 Weston Pointe Drive 103 Brandon Florida 33511	11406 Weston Pointe Drive 103 Brandon Florida 33511
business entity with an active Florida registration.) The name and the Florida street address of the re Manuel Semprit	egistered agent are:
11406 Weston Po	ointe Drive 103
Florida street add	ress (P.O. Box NOT acceptable)
Brandon	_{FL} 33511
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	recept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	per
MGRM	Manuel Semprit
	11406 Weston Pointe Drive 103
	Brandon Florida 33511
Jose Cruz	Jose Cruz
	10301 Frog Pond Drive
	Riverview Florida 33569
	·
· ·	A STATE OF THE STA
	·
(Use attachment if necessary))
CLE V: Effective date if other	than the date of filing: (OPTIONAL
	than the date of filing: (OPTIONAL e must be specific and cannot be more than five business days
90 days after the date of filing.))
REQUIRED SIGNATURE	· :
m/	

Anuel Sompoit
Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)

(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

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)