

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EFFECTIVE DATE 03-08-11

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B. BOSTICK
MAR 1 4 2011
EXAMINER



# **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Blackwell Law LLC		
	imited Liability Company	
The enclosed Articles of Organization and fee(s)  Please return all correspondence concerning this i		
rease return an correspondence concerning this i	matter to the ronowing.	
Elicia D. Blackwell, Eso		
	Name of Person	
Blāckwell Lāw LLC		
	Firm/Company	
350 Jim Moran Blvd., Su	ite 220	
	Address	
Deerfield Beach, FI 33442		
_	City/State and Zip Code	
jim@jdgilbert.com	sed for future annual report notification)	
·	五 <u>二</u>	* ************************************
For further information concerning this matter, ple	(U)	i !
Elicia D. Blackwell	/ 3J4 \ U [UJJJJ]	
Name of Person	Area Code & Daytime Telephone Number	******
Enclosed is a check for the following amount	P	
\$125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum		
Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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	:		
Blackwell Law LLC		<del></del>	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability	Compan	ıv is:
Principal Office Address:	Mailing Address:	Compan	19 10.
350 Jim Moran Blvd., Suite 220 Deerfield Beach, FL 33442	350 Jim Moran Blvd., Suite 220 Deerfield Beach, FL 33442	-	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or a		
The name and the Florida street address of the	registered agent are:	1 MAR	G. Marketonia
Eličiā D. Blāckwell, Es	quire #4.SS	5 5	
Name			e contra
350 Jim Moran E	Blvd, Suite 220 Idress (P.O. Box NOT acceptable)  FL 33442	PM 3: 30	
Florida street ad	Idress (P.O. Box NOT acceptable)	ω Α	**SECONDARY
Deerfield Beach	<sub>FL</sub> 33442	F 3	
City, S	tate, and Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete paccept the obligations of my position as region.	this certificate, I hereby accept the appo ty. I further agree to comply with the pro erformance of my duties, and I am famili	intment o ovisions ( iar with o	as of all and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Men	mber	
MGRM	Elicia D. Blackwell, Esquire	<del></del>
	350 Jim Moran Blvd., Suite 220  Deerfield Beach, FL 33442	-
	Dodined Board, 12 00442	-
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(Use attachment if necessary	y)	
ARTICLE V: Effective date, if other	er than the date of filing: 3/8/11	ONAL)
	te must be specific and cannot be more than five business	days prior
REQUIRED SIGNATURI	E:	

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.)

### Elicia D. Blackwell

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)