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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	\sqcap
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SECRETARY OF STATE

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COVER LETTER

TO:

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Registration Section Division of Corporations

SUBJECT: Blackwater, LLC a Lim	nited Liability Company
Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Robert Martin	
	Name of Person
Blackwater, LLC	
	Firm/Company
428 Childers Street	
	Address
Pensacola, Florida 32534	
	ty/State and Zip Code
balckwaterIlc@aol.com E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	•
To further intermation concerning and matter, preas	- Cam
Robert Martin	_at (704) 918-7667
Name of Person	Arca Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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:				
Blackwater of North Flo				
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liab	oility Co	mpai	ny is:
Principal Office Address:	Mailing Address:			
428 Childers Street PMB 2375 4 Pensacola, FL 32534	428 Childers Street Pensacola, FL 32534			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individu			
The name and the Florida street address of the r	egistered agent are:	ALC ALC	12	
Robert Martin		A E	2 JAN 20	
Name		ASS	20	=
428 Childers Stre	et	ĤÇ.	PH	<u>H</u>
Florida street add	lress (P.O. Box NOT acceptable)	FE(~ ~	0
Pensacola	_{FL} 32534	OF STATE	οj Vò	
City, Sta	ate, and Zip	``'בּ		
		t	112	

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert Martin 428 Childers Street Pensacola, FL 32534
(Use attachment if necessary)	
TCLE V: Effective date, if other than	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days p
TCLE V: Effective date, if other than a effective date is listed, the date mus	t be specific and cannot be more than five business days p
TICLE V: Effective date, if other than a effective date is listed, the date mus 90 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days p
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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)