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COVER LETTER

Division of Corporations
SUBJECT: Black Gold Construction LLC Name of Limited Liability Company
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:
Vickie R. Harnar Name of Person
Firm/Company
West Palm Brack, Fl. 33413 City/State and Zip Code Vickie @ bigd paving.com
Address
West Palm Brack, Fl. 33413 City/State and Zip Code Vickie @ big d Daving . Com
City/State and Zip Code Vickie @ big d paving - Com E-mail address: (to be used for future annual report politication)
For further information concerning this matter, please call:
Name of Person at (561) 697-2443 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Black Gold Construct (Must end with the words "Limited Liability	hive LLC
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability company is:
Principal Office Address:	Mailing Address:
6622 Wallis Rd	SAME
West Palm Beach, Fl. 33413	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
Richard T Sou	ath
9886 Daisy Florida street addr	Aνε. ess (P.O. Box <u>NOT</u> acceptable)
Pulm Brack Gardens City. Stat	FL 33410 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the propey and complete per	ccept service of process for the above stated limited is 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 ered 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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	er E
MGRM	Don R White
	1 1 mm 1 2 m 1 4 A 1 1 2 m 1 5
	Jupiter , F-1: 33478
MGRM	Richard T South
	9886 Daiey Ave.
	Palm Brach Gurdens, Fl. 334
•	·
(Use attachment if necessary)	
• *	han the date of filing:
LE V: Effective date, if other t	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other t	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
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LE V: Effective date, if other the fective date is listed, the date days after the date of filing.)	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other t	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
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LE V: Effective date, if other to the date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a	must be specific and cannot be more than five business days member or an authorized representative of a member.
LE V: Effective date, if other to ffective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmatical date)	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days member or an authorized representative of a member. ction 608.408(3). Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true, se 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)

Typed or printed name of signee