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C. LEWIS

JAN 9 2013

EXAMINER

SECRETARY OF STATE



# **COVER LETTER**

TO:

Registration Section Division of Corporations ď:

₩			
<sub>SUBJECT:</sub> Black	<b>Television News</b>	Productions, LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Robert J.	Brillante		
W		Name of Person	
Black Tel	evision News Pro	oductions, LLC	
	1 1	Firm/Company	• • • • • • • • • • • • • • • • • • • •
1469 Mar	ket Street		
		Address	
Tallahaaaa	~ EL 20240		
<u>ı allanasse</u>	e, FL 32312	y/State and Zip Code	
brillante@b	•	,	
<u></u>		or future annual report notification)	
For further information	concerning this matter, please	e call:	•
Robert Brillante		at (850 ) 544-2400	
Name	of Person	Area Code & Daytime Telephone	Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, tificate of Status & tified Copy (tional 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:

# Black Television News Productions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1469 Market Street	1469 Market Street
Tallahassee, FL 32312	Tallahassee, FL 32312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

1469 Market Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32312

City, State, and Zip

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):

FILED

The name and address of each Manager or Managing Member is as follows: 13 JAN -9 PH 1: 38

MGRM	JC Watts, Jr.	
	600 13th Street, NW, Suite 790	
	Washington, DC 20005	
MGRM	Robert J. Brillante	
	1469 Market Street	
	Tallahassee, FL 32312	
(Use attachment if necessary)		

**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.)

Robert J. Brillante

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)