

L1300002-407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

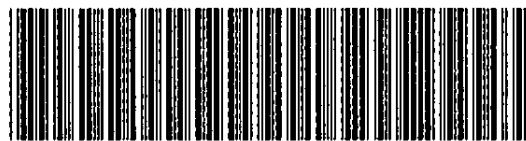
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800244519678

02/11/13--01026--033 **125.00

FILED
13 FEB 11 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 12 2013

G. McLEOD

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BLACK PORTFOLIO INSURANCE GROUP, LLC.**
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:

Rene

Name of Person

The Draves Law Firm, P.A.

Firm/Company

120 E. Concord St.

Address

Orlando, FL 32801

City/State and Zip Code

rene@draveslawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene

Name of Person

at (**407**)

Area Code & Daytime Telephone Number

423-1183

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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 OF
BLACK PORTFOLIO INSURANCE GROUP, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name

The name of the Limited Liability Company is: BLACK PORTFOLIO INSURANCE GROUP, LLC.

ARTICLE II — Address

The mailing address and address of the principal office of the Limited Liability Company is: 2360 Boy Scout Road – Suite 101, Clearwater, FL 33763.

ARTICLE III — Registered Agent, Registered Office

The name and the street address of the initial registered agent are: Donna L. Draves, Esq., 120 East Concord Street, Orlando, Florida 32801.

ARTICLE IV — Management

The Limited Liability Company is to be managed by one manager and is a manager-managed company. The name and address of the managing member is:

Isabelle Tran
2360 Boy Scout Road – Suite 101
Clearwater, FL 33763

ARTICLE V — Effective Date; Existence

This company shall exist perpetually, commencing on February 15, 2013

ARTICLE VI — Additional Provisions

Any Operating Agreement (as defined in Section 608.402(24) of the “Florida Limited Liability Company Act”) relating to this Limited Liability Company must be in writing and signed.

FILED
13 FEB 11 PM 12:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 31st day of January, 2013.

A handwritten signature in black ink, appearing to read 'Isabelle Tran', written over a horizontal line.

Isabelle Tran, Managing 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.)

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for BLACK PORTFOLIO INSURANCE GROUP, LLC at 120 East Concord Street, Orlando, Florida 32801, 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, Florida Statutes.

REGISTERED AGENT:


DONNA L. DRAVES, ESQ.

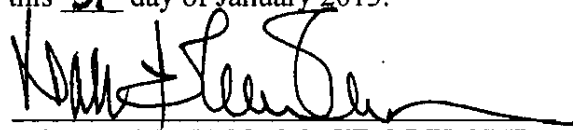
STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared DONNA L. DRAVES, ESQ. personally known to me, and who executed the foregoing Statement Accepting Appointment as Registered Agent and acknowledged before me that she executed the same.

WITNESS my hand and official seal this 31st day of January 2013.



DALE E. MACMAHAN
MY COMMISSION # DD 853417
EXPIRES: March 20, 2013
Bonded Thru Budget Notary Services


NOTARY PUBLIC, STATE OF FLORIDA