## 3000081553

(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:	

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(850) 245-6051.

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Black Cook Cook LLC English 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:
Looner Olker
Name of Person
Firm/Company
9002 Smith Creek Road
Address
ballalassee, FL 22310
City/State and Zip Code
E-mail address: (to be used) for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 500-1489  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY,
ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9002 Smith Crook Rd	Same
	<u> </u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
9002 Smith Florida street add	dress (P.O. Box NOT acceptable)
City, St	FL \$2310 atc, and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. 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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Meml	ber
MGRM	Billy Allen
	900 2 Smith Crock Rd
$M_{0}$ $M_{0}$	/ MI
MACIN	-baryn Allen
(Use attachment if necessary	)
(Use attachment if necessary LE V: Effective date, if othe ffective date is listed, the dor 90 days after the date of	r than the date of filing: (OPTIONAl ate must be specific and cannot be more than five business.)
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LE V: Effective date, if othe ffective date is listed, the d or 90 days after the date of REQUIRED SIGNATURE  Signature of the date of the	r than the date of filing: (OPTIONAL late must be specific and cannot be more than five busines filing.)  C:  Gamember or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State
LE V: Effective date, if othe ffective date is listed, the d or 90 days after the date of REQUIRED SIGNATURE  Signature of the date of the	r than the date of filing: (OPTIONAL late must be specific and cannot be more than five busines filing.)  6:  6:  6:  6:  6:  6:  6:  6:  6:  6