

#L 13000159620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV 14 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2013

JOHN W TYRONE
3918 SW 92ND TER.
GAINESVILLE, FL 32608

SUBJECT: BLACKWATER INVESTMENTS, LLC
Ref. Number: W13000060172

We have received your document for BLACKWATER INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : BLACK WATER INVESTMENT COMPANY, LLC, document number L09000096015.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 513A00025228

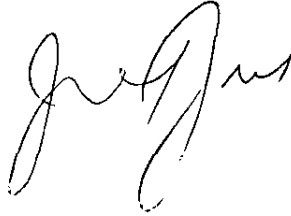
Please file the LLC application for both companies under the current names. Thank you.

John Tyrone

3918 SW 92nd Ter

Gainesville, FL 32608

352-332-2520



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CLERK OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Blackwater Investments, 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:

John W. Tyrone

Name of Person

Firm/Company

3918 SW 92nd Ter

Address

Gainesville, FL 32608

City/State and Zip Code

jtyronemd@gmail.com

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

For further information concerning this matter, please call:

John Tyrone

Name of Person

at (**352**) **332-1150**

Area Code & Daytime Telephone Number

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blackwater Investments, 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:

Blackwater Investments, LLC

3918 SW 92nd Ter

Gainesville, FL 32608

Mailing Address:

Blackwater Investments, LLC

3918 SW 92nd Ter

Gainesville, FL 32608

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:

John W. Tyrone

Name

3918 SW 92nd Ter

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

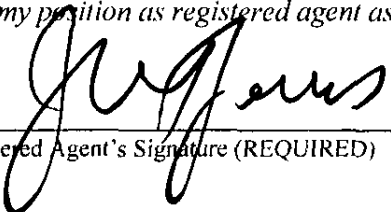
Gainesville, FL 32608

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John W. Tyrone

3918 SW 92nd Ter

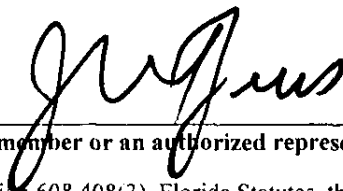
Gainesville, FL 32608

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

John W. Tyrone

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)