

L14000/53263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

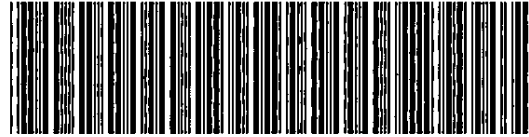
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-57265

Office Use Only



600264148096

09/15/14--01010--026 **125.00

CLERK OF SUPERIOR COURT
JANET ALABEE FLORIDA

2014 SEP 24 PM 2:43

FILED

OCT 01 2014
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2014

KYLE KILGOR
7607 S O'BRIEN ST
TAMPA, FL 33616

SUBJECT: BLK LABEL X LLC
Ref. Number: W14000057265

We have received your document for BLK LABEL X 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 registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00020029

2014 SEP 24 PM 2:43

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blk Label X 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:

Kyle Kilgore
Name of Person

Blk Label X LLC
Firm/Company

7607 S O'Brien St
Address

Tampa/Florida 33616
City/State and Zip Code

xkilgore@aol.com
E-mail address: (to be used for future annual report notification)

FILED
2014 SEP 24 PM 2:43
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Kyle Kilgore at (813) 842-7575
Name of Person 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:

Blk Label X 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:

7607 S O'Brien St
Tampa, FL 33616

7607 S O'Brien St
Tampa, FL 33616

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:

Kyle Kilgore

Name

7607 S O'Brien St

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

Tampa

FL 33616

City

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2016 SEP 24 PM 2:43
CLERK OF CIRCUIT COURT
HILLSBORO COUNTY FLORIDA

ARTICLE IV--

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Kyle Kilgore

7607 S O'Brien St

Tampa, FL 33616

AMBR

Pedro Cabrera

4416 W McElroy Ave

Tampa, FL 33611

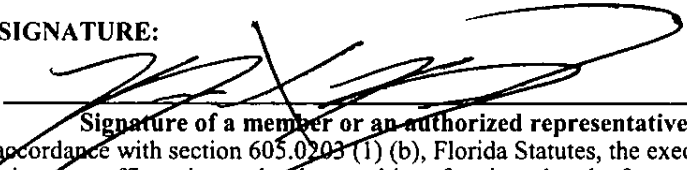
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Kyle Kilgore

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)

FILED
2014 SEP 24 PM 2:43
DEPT OF STATE
TAMPA FLORIDA