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COVER LETTER

TO:	Registration Section Division of Corporations		
CUDIE	BLACKHORSE INVESTMENTS L		
SUBJE	ECT:Name of Lin	nited Liability Company	
The end	closed Articles of Organization and fee(s) ar	e submitted for filing.	
Please i	return all correspondence concerning this ma	atter to the following:	
	PRITHI DASWANI		
		Name of Person	
	PRITHI DASWANI CPA PL		
		Firm/Company	
	6735 CONROY WINDERMERE RD,	SUITE 315	
		Address	· · · · · · · · · · · · · · · · · · ·
	ORLANDO, FL 32835		
	PRITHID@CPA.COM	Sity/State and Zip Code	
	E-mail address: (to be used	for future annual report notificat	ion)
For furth	ner information concerning this matter, please	e call:	
	PRITHI DASWANI	407 218 - 5921	
		rea Code Daytime Telephon	e Number
Enclose	ed is a check for the following amount:		
\$125.0	\$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 New Filing Section	Street Address New Filing Section	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BLACKHORSE I	NVEST MENTS LLC		
(Must en	d with the words "Limited Lia	bility 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:	
<u>Princ</u>	ipal Office Address:	Mailing Address:	
664 LEGACY DR	IVE	664 LEGACY DRIVE	
(The Limited Liability Compa	gent, Registered Office, & R	casselberry, FL32707 Registered Agent's Signature: sistered Agent. You must designate an individual	al or
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age	egistered Agent's Signature: sistered Agent. You must designate an individue	al or SEP
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age NOHORA M GOMEZ	egistered Agent's Signature: distered Agent. You must designate an individue nt are:	al or SEP 10 PM
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ARTICLE III - Registered A	ngent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age NOHORA M GOMEZ Na 664 LEGACY DRIVE	negistered Agent's Signature: pistered Agent. You must designate an individual ant are: ame O. Box NOT acceptable)	alor SEP 18 PM 1:

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..

(CONTINUED)

Shows Somer
Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMGR MGR MGR MGR JORGE GOMEZ 664 Legacy Park Dr Casselberry FL 32707 MGR JORGE GOMEZ 664 Legacy Park Dr Casselberry FL 32707 MGR CHRISTOPHER FEDELE 664 Legacy Park Dr Casselberry FL 32707 CHRISTOPHER FEDELE 664 Legacy Park Dr Casselberry FL 32707 TICLE V: Effective date, if other than the date of filing: DATE OF FILING (OPTIONAL) and effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 adate of filing.) te: if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. TICLE VI: Other provisions, if any.			Name and Address:
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This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	CLE V: Effective effective date is list e of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of Sovisions, if any.	fic and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be State's records.
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Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	CLE V: Effective effective date is lise of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of sovisions, if any. Signature of a member of the document is executed I am aware that any false in constitutes a third degree fermion of the steel	the applicable statutory filing requirements, this date will not be State's records. ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S. fora M. Comez Typed or printed name of signee Filing Fees:

ARTICLE IV-