

08:59:53 12-02-2015 1 of 2

# L150000199547

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : RING, BENDER, MCKOWN & CASTILLO, LLLP  
Account Number : I20120000014  
Phone : (786) 235-2030  
Fax Number : (786) 703-1481

SECRETARY OF STATE  
ALACHUA COUNTY, FLORIDA

2015 DEC -2 AM 10:10

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: flaviahakkers@hotmail.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC -2 AM 10:50

RECEIVED

**FLORIDA LIMITED LIABILITY CO.  
Black Hills Capital, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Black Hills Capital, 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:

Flavia Hakkers

Name of Person

Firm/Company

7800 Collins Ave. #302

Address

Miami Beach, FL 33141

City/State and Zip Code

flaviashakkers@hotmail.com

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

For further information concerning this matter, please call:

Flavia Hakkers

305

798-1949

at ( )

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2016 DEC -2 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**The mailing address and street address of the principal office of the Limited Liability Company is:**

**Mailing Address:**

**7800 Collins Ave. #302**  
**Miami Beach, FL 33141**

(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:**

**Flavia Hakkers**

Name \_\_\_\_\_

**7800 Collins Avenue, Suite 302**

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

**Miami Beach** **FL** **33141**

City

**State**

**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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Flavin Hakkers

7800 Collins Ave. #302

Miami Beach, FL 33141

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.  
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.

Flavin Hakkers

Typed or printed name of signer

**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)