

L16000013 2014

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UHC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Black Box Gadgets, 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:

James Bogan

Name of Person

Firm/Company

2625 Howard Avenue

Address

Oviedo, FL 32765

City/State and Zip Code

THE CRITTER FIXER @ GMAIL . COM

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

For further information concerning this matter, please call:

Legally Mine

800

375-2453

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Black Box Gadgets, LLC

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

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TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

2625 Howard Avenue

Oviedo, FL 32765

Mailing Address:

2625 Howard Avenue

Oviedo, FL 32765

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:

James Bogan

Name

2625 Howard Avenue

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

Oviedo

FL

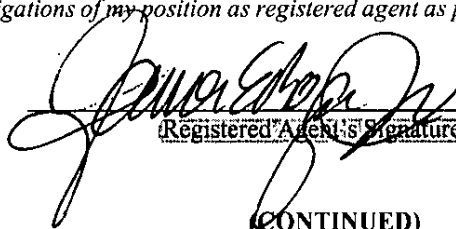
32765

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:

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

The Guardian, LLC

1231 W. Northern Lights Blvd #911

Anchorage, AK 99503

(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.

Distribution Authority-The members may in their discretion distribute the profits and/or capital of the LLC business pro-rata or non-pro-rata as they deem advisable. If the members make non-pro-rata distributions, those shall be taken into account in re-calculating each member's capital account (and/or drawing account) at the end of the LLC's fiscal year.

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.

James Bogan, Member

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)