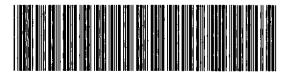
L16000141561

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

L



500288200955

07/22/16--01016--022 **130.00

FILED
16 JUL 22 PM 1:51
SECRETARISEE FLORIDA

144

COVER LETTER

	legistration Section Vivision of Corporations		
SUBJECT	Project Blackbyrd, LLC		
SOBJECT		of Limited Liabili	ty Company
The enclos	sed Articles of Organization and feet	(s) are submitted	for filing.
Please retu	irn all correspondence concerning th	is matter to the fo	ollowing:
	Robyn Britton		
		Name of	Person
	Project Blackbyrd, LLC		
		Firm/Co	npany
	2427 Deer Creek Road		
		Addre	SS
	Weston, FL 33327		
		City/State and	Zip Code
-	projectblackbyrd@gmail.com F-mail address: (to be	used for future a	nual report notification)
** *			mual report notification)
For further in	nformation concerning this matter, p	olease call:	
	Robyn Britton	202 at (640-2131
	Name of Person		Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	iling Fee \$130.00 Filing Fee Certificate of Statu	s ——Certifie	Specificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	5	Street Address
	New Filing Section		New Filing Section
	Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:			F1LED 16 JUL 22 PM 1:51
·				16 JUL 22 PM 1:51
Project Blackbyrd, LLC	<u> </u>			SECRETARY OF STATE FALLAHASSEE FLORIDA
(Must end with	the words "Limited L	iability Cor	npany, "L.L.C.," or "LLC.")	MELAHASSEE FLORIDA
ARTICLE II - Address: The mailing address and street address	ess of the principal offi	ce of the Li	mited Liability Company is:	
Principal C	Office Address:		Mailing Address:	
2427 Deer Creek Road,	Weston, FL 33327		2427 Deer Creek Road, Weston, FL	3327
		<u> </u>		
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ	nnot serve as its own R	egistered A	Agent's Signature: gent. You must designate an individua	al or
The name and the Florida street add	ress of the registered a	gent are:		
F	Robyn Britton			
		Name		
<u>2</u>	2427 Deer Creek Road	<u> </u>		
1	Florida street address (P.O. Box N	OT acceptable)	
7	Weston	FL	33327	
	City	State	Zip	
place designated in this certificate, I h further agree to comply with the provi	ereby accept the appoir sions of all statutes rela utions of my position as	ntment as re nting to the p registered of)	for the above stated limited liability congistered agent and agree to act in this proper and complete performance of magent as provided for in Chapter 605, it is a signature (REQUIRED)	capacity. I y duties, and I
		(CONTINU	JED)	

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	SECRETARY OF TALLAHASSEE FL
"MGR" = Manager	TALLAHASSET
AMBR	Robyn Britton
	2427 Deer Creek Road
	Weston, FL 33327
MGR	Robyn Britton
MOR	2427 Deer Creek Road
	Weston, FL 33327
_	
(Use attachment if necessary)	
EV: Effective date, if other than the da ective date is listed, the date must be sof filing.)	te of filing: July 20, 2016 . (OPTIONAL) specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
ective date is listed, the date must be s of filing.)	specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date extive date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a receiver date.	meet the applicable statutory filing requirements, this date will not at of State's records.
E V: Effective date, if other than the date extive date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a rather than the date of the date must be softened in this block does not ment's effective date on the Department of the date of th	meet the applicable statutory filing requirements, this date will not at of State's records. The state of a part of a part of a member or an authorized representative of a member. State of a member of an accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other than the date ective date is listed, the date must be soffiling.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material This document is exect I am aware that any fall	meet the applicable statutory filing requirements, this date will not at of State's records.
E V: Effective date, if other than the date extive date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not at of State's records. The state of the applicable statutory filing requirements, this date will not at of State's records. The state of the applicable statutory filing requirements, this date will not at of State's records. The state of the applicable statutory filing requirements, this date will not at of State of
E V: Effective date, if other than the date ective date is listed, the date must be soft filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic transfer of the document is exect I am aware that any fall constitutes a third degree.	meet the applicable statutory filing requirements, this date will not at of State's records. The state of the applicable statutory filing requirements, this date will not at of State's records. The state of the applicable statutory filing requirements, this date will not at of State's records. The state of the applicable statutory filing requirements, this date will not at of State of
E V: Effective date, if other than the date ective date is listed, the date must be soft filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a remaining the document is exect I am aware that any fall constitutes a third degree. Robyn Britton	meet the applicable statutory filing requirements, this date will not at of State's records. The state of the applicable statutory filing requirements, this date will not at of State's records. The state of the applicable statutory filing requirements, this date will not at of State's records. The state of the applicable statutory filing requirements, this date will not at of State of