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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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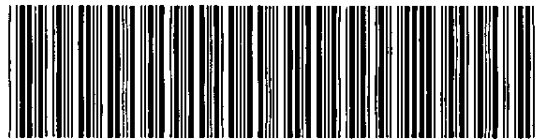
(Business Entity Name)

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DIVISION OF CORPORATIONS  
17 APR 11 PM 2:45

C. GOLDEN  
APR 11 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLACK RAVEN, 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:

ANN BLACK  
Name of Person  
SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A.  
Firm/Company  
3520 THOMASVILLE ROAD, FOURTH FLOOR  
Address  
TALLAHASSEE, FL 32309  
City/State and Zip Code  
csnedley@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BLACK                      850                      893-4105  
Name of Person                      at (                      )                      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

17 APR 11 PM 2:45  
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DIVISION OF CORPORATIONS

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# ARTICLES OF ORGANIZATION OF BLACK RAVEN, LLC

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **BLACK RAVEN, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is 3849 Roberts Avenue, Tallahassee, Florida 32310. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: 3849 Roberts Avenue, Tallahassee, Florida 32310. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **CARMIN NEDLEY** and the initial, registered office is located at **3849 Roberts Avenue, Tallahassee FL 32310.**

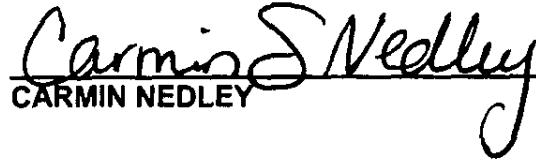
7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company is as follows:

Carmin Nedley  
3849 Roberts Avenue  
Tallahassee, Florida 32310

Jamie Hanaka  
3849 Roberts Avenue  
Tallahassee, Florida 32310

**EXECUTED** at Tallahassee, Leon County, Florida this 12 day of April, 2017.

  
**CARMIN NEDLEY**

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **BLACK RAVEN, LLC**.
2. The name of the registered agent and office is: **CARMIN NEDLEY, 3849 Roberts Avenue, Tallahassee FL 32310.**

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
CARMIN NEDLEY, Registered Agent

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