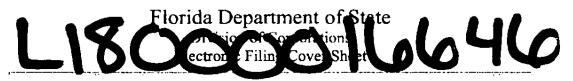
1/19/2018

Division of Corporations



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Account Number : FCA000000023 Phone : (614)280-3338

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

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## FLORIDA LIMITED LIABILITY CO.

## Blackrose Collection LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

### BLACKROSE COLLECTION LLC

(Must contain the words "Limited Liability 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:

Principal Offi	ce Address:		Maili	ng Address:	
1110 BRICKELL AVE ST MIAMI, FL 33133	E 404		10 BRICKELL AV	/E STE 404	
				Ţ.,	ಪ
ARTICLE III - Registered Agent, Re (The Limited Liability Company canno another business entity with an active to The name and the Florida street address	t serve as its own lorida registratio	Registered Agen on.)		ate an individual or.	JAN 19 PH
CT	Corporation Sys	tem		ا بر) <del>اس</del> م الله والم	£_
		Name		克雷 克丽	ŧ-
120	O South Pine Isla	and Road			
Flo	rida street addres	s (P.O. Box <u>NOT</u>	acceptable)		
Pla	ntation,	Florida	33324		
	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.,

By: Marquet S

Registered Agent's Signature (REQUIRED)

MARGARET E. ROUTZAHN

(CONTINUED) Special Assistant Secretary

"MGR" = Manager  JEAN GUILMOTO  1110 BRICKELL, AVESTE 404  MIAMI, FL 33133  (Use attachment if necessary)  T.E. V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  If the date inserted in this block document meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records.  T.K. VI: Obser provisions, if any.  REOURED 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 \$ 817.155, F.S.  JEAN GUILMOTO  Typed or printed name of signee	Title:			Name and Address:	_ •	
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