L18000118494

| ł | |
|---------------------------------------|-------------------|
| (Requestor's N | lame) |
| | |
| | |
| (Address) | |
| | |
| | |
| (Address) | |
| | |
| | |
| (City/State/Zip | (Phone #) I |
| | |
| PICK-UP WA | IT MAIL |
| ш ш | |
| | |
| (Bi | h . N = \ |
| (Business Enti | ty Name) |
| | |
| (Document Nu | mhos) |
| (Document Nu | mber) [|
| | |
| Certified Copies Certi | floates of Status |
| Certified Copies Certi | Cales of Status |
| | |
| | 1 |
| Special Instructions to Filing Office | er: |
| | |
| | |
| | |
| | |
| | |
| | |
| | 1 |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | <u>:</u> |
| Office U | se Only |



000312956030

05/07/18--01033--005 **131.00

2018 HAY -7 AH 8: 50
SECRE MAY OF STATE
ALL AHASSES FREEDRING

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|--|-----|
| SUBJECT: BLACKROCKSTAR, 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: | |
| BRANDON HARRIOTT | |
| Name of Person | |
| BLACKROCKSTAR | |
| Firm/Company | |
| 5742 HALLENDALE BEACHBLVD | |
| Address | |
| WEST PARK, FLORIDA | |
| BRANDONHARRIOTTE AOL. COM | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| BRANDON HARRIOTI (780) 731 7903 | |
| Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) | :d) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|---|
| BLACKROCKSTAR, 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 Office Address: Mailing Address: |
| 5742 HALLANDALE BEACH BLVD 5742 HALLANDALE BEACH BL WEST PARK, FL 33023 WEST PARK, FL 33023 |
| 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: |
| BRANDON HARRIOTT FEET |
| BRANDON HARRIOT I Name 5742 HAUANDALE BEACH BLVD Florida street address (P.O. Box NOT acceptable) WEST PARK FL 33023 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) |
| (OUT I TO |

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (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.

Filing Fees:

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

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)