## 48000133562

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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2018 MAY 29 PM 2: 22 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Black Key P Name of	Codvetings Limited Liability Company		
The enclosed Articles of Organization and fee(s	•		
Please return all correspondence concerning this	s matter to the following:		
	Tyler Coy Name of Person		
	Name of Person		
	NIA		
	Firm/Company		
15708 Squir	Address PL		
	City/State and Zip Code		
tyler gabriel cax	Q amail. com		
E-mail address: (to be u	sed for future annual report notification)		
For further information concerning this matter, pl	ease call:		
Tyler Coy at Name of Person	(813) 466-4548 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	Street Address		
New Filing Section Division of Corporations	New Filing Section		
P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314			

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	he Limited Liability C	ompany is:			
•	$D^{T}$	,	$\Gamma$		

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

## ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
2010 Russel Dr	2010 Russel Dr
Tunpa, FL 33618	Tunga, FL 37618

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:

Tyler Coy

Name

15708 Squirrel Tree PL

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

Tanga FL 33624

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)

WALLAHARY OF STATE

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-