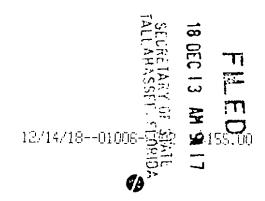
# L1600628SS38

(Re	questor's Name)			
(Address)				
(Ad	dress)	<del></del>		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
L	<del> </del>			

Office Use Only



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T SCHROEDER

# CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

## **WALK IN**

	PICK	UP: 12/13 LAUREN
хх	CERTIFIED COPY	
	РНОТОСОРУ	
	CUS	
хх	FILING	LLC
	BLACK MASK LLC (CORPORATE NAME AND DOCUME	NT #)
•	(CORPORATE NAME AND DOCUME	ENT#)
• -	(CORPORATE NAME AND DOCUME	ENT#)
· _	(CORPORATE NAME AND DOCUME	NT #)
. –	(CORPORATE NAME AND DOCUME	NT#)
	(CORPORATE NAME AND DOCUME	ENT#)

#### COVER LETTER

	w Filing Section vision of Corporations		
SUBJECT:	Black Mask LLC		
0000000	Name of L	imited Liability Con	npany
The enclose	ed Articles of Organization and fee(s)	are submitted for fili	ng.
Please retur	n all correspondence concerning this i	natter to the following	ng:
	Michael Domino		
		Name of Persor	
	Black Mask LLC		
		Firm/Company	
	1614 Shale Trail L	оор	
		Address	
	The Villages, Florid	a 32163	
	michaeldomino8@gmail	City/State and Zip ( Lcom	Yode Tode
_	E-mail address: (to be use	ed for future annual	report notification)
For further in	eformation concerning this matter, plea	ase call:	
	Michael Domino at (	352	630-9356
-	Name of Person	Area Code Day	rtime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	Certificate of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New F Divisi Clifto 2661 I	Address Filing Section on of Corporations in Building Executive Center Circle massee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability	y Company is:				
	Black Mask LLC				
(Must conti	in the words "Limited Liab	oility Company, "	L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal office	e of the Limited I	iability Company is:		
Princip:	il Office Address:		Mailing Add	ress:	
1614 Shale			Same		
The Villages, FL 321	-			<del></del>	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street)	cannot serve as its own Re active Florida registration.)	gistered Agent, Y ent are:		dividua <del>l</del> or	
		ame	<del></del>		
	1614 Shale Trail	Loop			
	Florida street address (P.O. Box NOT acc				
	The Villages  City	Florida State	32163 Zip		
Having been named as registered (	gent and to accept service :	of process for the	ahove stated limited liah		
place designated in this certificate, further agree to comply with the pi am familiar with and accept the ol	ovisions of all statutes relat	ing to the proper	and complete performan	ice of my duties, and I	
	Mic	hall Don	mino ure (REQUIRED)	; <u>-</u>	
		d Agent's Signati	ire (REQUIRED)	18 DEC 13 AM SEURETARY OF ALLIAHASSEE, F	

ARTICLE IV-