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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Dluca's Black, 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:
Name of Person Olivia 5 Black, LLC.
Name of Person
Olivias Black, LLC
Firm/Company
P.O. Box 815
Address
Carrabelle H 32322 City/State and Zip Code
City/State and Zip Code
J. LAWHON @ MCHSI, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Companyions

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
(Must contain the words (Timited I	Beach A	LLC	···	~	
(Must contain the words [Limited I	Jiability Company, "L.I.J.C.,	or LLC.			
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability	Company is:			
Principal Office Address:		Mailing Address:			
1891 Huy 98 W CARRILLIU, 21 323	522 Car	D. Bix 81 naviole,	S 47 32:	<u>-</u>	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration)	Registered Agent. You must		ıal or		
The name and the Florida street address of the registered 189 Florida street address City	Name Very 98 W s (P.O. Box NOT acceptable)) 32322 Zip			
laving been named as registered agent and to accept service designated in this certificate. I hereby accept the appoint the agree to comply with the provisions of all statutes remaining from familiar with and accept the obligations of my position Regist	ointment as registered agent of elating to the proper and com	and agree to act in this plete performance of a cel for in Chapter 605,	s capacii my duties	ty. I	FILED

"AMBR" = Authorized Member	/ /
"MGR" = Manager	gn a Xanha
MAR	Win 1 Jacobs
, (-	189) Hun 98W, P.D. Bar 812
	Carravelles 41 32522
	· /
•	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the da	te of filing: 7-12.2019 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days af
If the date miserted in this block does not	t meet the applicable statutory thing requirements, this date will not be fiste
locument's effective date on the Department ICLE VI: Other provisions, if any.	t meet the applicable statutory filing requirements, this date will not be listent of State's records.
ocument's effective date on the Departmen	t meet the applicable statutory ming requirements, this date will not be ristent of State's records.
ocument's effective date on the Departmen	nt of State's records.
OCUMENT'S effective date on the Department CLE VI: Other provisions, if any.	nt of State's records.
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	Dating Lawton
REQUIRED SIGNATURE:	member of an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a 1 This document is effective date on the Department of a 1	member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida: Statutes.
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-