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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

OCT 11 2019

T. SCOTT



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2:10 OCT 11 PM 4:54

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JANUARY 10 2020

2019 OCT 11 PM 5:09

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Black Circle Family Investors  
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:

Brian Pascal

3404 Reserve Dr Apt 632  
Address

Tallahassee FL 32311  
City/State and Zip Code

Brian.pascal98@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Pascal at (954) 701-3402  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$150.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

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:

Black Circle Family Investors 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:

3909 Reserve Dr Apt  
632 Tallahassee FL  
32311

Mailing Address:

3909 Reserve Dr  
Apt 632 Tallahassee  
FL 32311

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:

Brian Pascal  
Name

3909 Reserve Dr Apt 632  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32311  
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.

Brian Pascal  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2018 OCT 11 PM 5:09  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

AMBR

Ambr

Name and Address:

Brian Pascal, 3909  
Reserve Dr Apt 632  
Tallahassee FL 32311

Cameron Canton, 1320 Lake  
Avenue Apt 204 Tallahassee  
FL 32310

Jasmine Reed 2430 Ludmila  
Ln Tallahassee FL 32303

Armani Humbert 2566  
West Tennessee Street Apt  
13231 Tallahassee FL 32304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

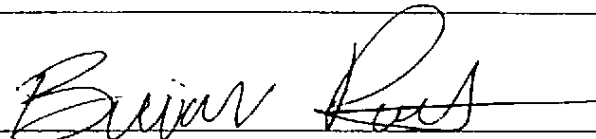
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

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 s.817.155, F.S.

Brian Pascal

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Title

AMBA...

Name & Address

Christian Watts, 1690 Dunn  
Ave Apt 716 Daytona Beach  
FL 32114