

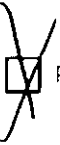
LI90000260702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

WAIT

MAIL

(Business Entity Name)

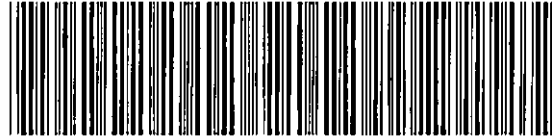
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OCT 30 2019

FILED  
2019 OCT 30 PM 2:47  
JUDICIAL DEPT. OF STATE  
ALBANY, NY 12242

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** BlacktipH Holding 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:

Gary J. Nagle, Esquire

Name of Person

Firm/Company

14255 US Highway One, Ste 203

Address

Juno Beach, Florida 33408

City/State and Zip Code

gary@naglelawfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Robert Boyd, Jr.      850      386-2171  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee      ☒ \$130.00 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:

BlacktipH Holding 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:

840 Jupiter Park Drive, Suite 104  
Jupiter, Florida 33458

Mailing Address:

840 Jupiter Park Drive, Suite 104  
Jupiter, Florida 33458

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:

Gary J. Nagle, Esquire

Name

14255 US Highway One, Ste 203

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

Juno Beach

Florida

33408

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)

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TAMMASEE

**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

**Name and Address:**

Advance Technology and Multi-media, LLC

840 Jupiter Park Drive, Suite 104

Jupiter, Florida 33458

AMBR

Joshua Kyle Jorgensen

155 Yacht Club Drive, #308

North Palm Beach, Florida 33408

AMBR

Jarred Michael Fayson

5701 Bahia Del Mar Circle #406

St. Petersburg, Florida 33715

AMBR

2459354 Ontario LTD

320 Jefferson Blvd.

Windsor, Ontario N8T 2W8

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/30/19 (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.

Gary J. Nagle, Esquire

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)