

L21000379852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

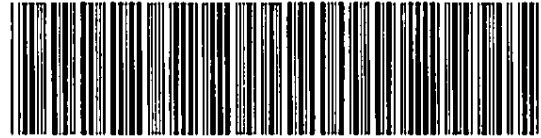
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BLACK SWAN MEDIA, 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:

David Blow
Name of Person

Firm/Company

12950 Aurora Drive
Address

San Leandro, CA 94577
City/State and Zip Code

blackswanmedia@protonmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Blow at (510) 679-2569
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLACK SWAN MEDIA, 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:

1403 Rushgrove Circle
Dover, FL 33527

Mailing Address:

1403 Rushgrove Circle
Dover, FL 33527

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:

David Blow

Name

1403 Rushgrove Circle

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

Dover

FL

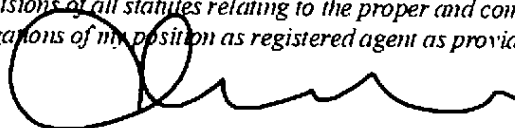
33527

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

David Blow
12950 Aurora Drive
San Leandro, CA 94577

AMBR

David Blow
1403 Rushgrove Circle
Dover, FL 33527

(Use attachment if necessary)

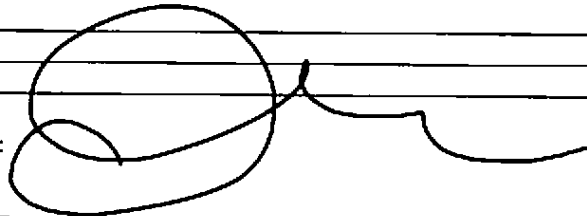
ARTICLE V: Effective date, if other than the date of filing: September 6, 2021 (OPTIONAL)

(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.

David Blow

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)

August 18, 2021

David Blow
12950 Aurora Drive
San Leandro, CA 94577

510-679-2569
blackswanmedia@protonmail.com

Florida Department of State
New Filing Section
Division of Corporations
The Centre of Tallahassee
P.O. Box 6327
Tallahassee, FL 32314

850-245-6052

Dear Florida Dept. of State,

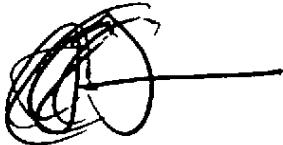
Please process this application for Black Swan Media, LLC.

We have conducted a name search on www.sunbiz.org and the name is clear.

Please contact me directly if there are any questions or concerns.

Thanks &

Be Well.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

David Blow