

L230 0002 8365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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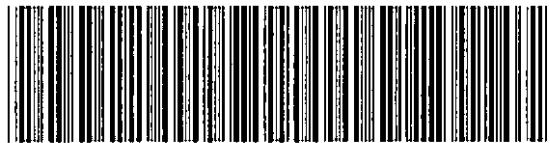
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MASSACHUSETTS

2023 JAN -6 AM 10:51

FILED

D. O'KEEFE

JAN 23 2023

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Black Star Wood Floors 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:

CHRISTOPHER VELAZQUEZ

Name of Person

Black Star Wood Floors LLC.

Firm/Company

9761 SANDALFOOT BLVD

Address

BOCA RATON, FLORIDA 33428

City/State and Zip Code

FATOLDSUN67@GMAIL.COM

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

For further information concerning this matter, please call:

CHRISTOPHER VELAZQUEZ 561 926-2685
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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 Star Wood Floors 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:

9761 SANDALFOOT BLVD
BOCA RATON, FLORIDA 33428

Mailing Address:

9761 SANDAL BLVD
BOCA RATON, FLORIDA 33428

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

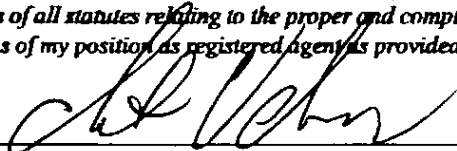
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CHRISTOPHER VELAZQUEZ
Name

9761 SANDALFOOT BLVD
Florida street address (P.O. Box **NOT** acceptable)
BOCA RATON, FLORIDA 33428
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)

2023 JAN -6 AM 10:55
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-15-2023 BY 60322

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

CHRISTOPHER VELAZQUEZ
9761 SANDALFOOT BLVD
BOCA RATON, FLORIDA 33428

(Use attachment if necessary)

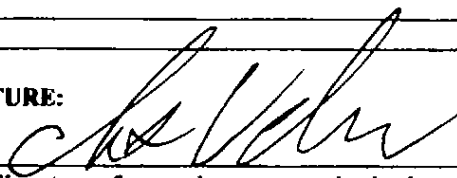
ARTICLE V: Effective date, if other than the date of filing: JANUARY 2nd 2023 (OPTIONAL)

(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.

CHRISTOPHER VELAZQUEZ

Typed or printed name of signer

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)

FILED
JAN 6 2023
TALLAHASSEE, FLORIDA

2023 JAN -6 AM 10:54