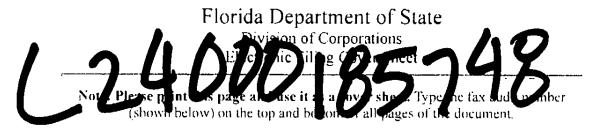
4/23/24, 4:55 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080300067 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

FLORIDA LIMITED LIABILITY CO. Blackwater Capital Group LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155,00

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Help

ARTICLESOF	ORGANIZATIONFO)R FLORIDA LI	MITEDLIABILITYCOMPANY
ARTICLE I - Name: The name of the Limited Liability	y Company 15:	•	•
Blackwater Capital G (Must conto		ed Liability Cor	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principa	il office of the I	.imited Liability Company is:
Principa	Office Address:		Mailing Address:
1395 Brickell Ave Suite 800 Miami, FL 33131			1395 Brickell Ave Suite 800 Miami, FL 33131
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its o	wn Registered /	rd Agent's Signature: Agent. You must designate an individual or
The name and the Florida street a	ddress of the registe	red agent are:	
	Veorp Agent Serv	ices, Inc. Name	
	1200 South Pine I Florida street add		NOT acceptable)
	Plantation	FL	33324

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..

State

Zip

City

By: Minn Sanik, Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 APR 24 PM 1: 36

<u>Title:</u>		Name and Address:
"AMBR" = Aud		
"MGR" = Manaj MGR	ger	
TARK TEX		Rodolphe Theodore Vallee 1395 Brickell Aye, Suite 800
		Miami, FL 33131
(Use attachment	if necessary)	
DTICLE Ve. ROssiva de	sta. If orthographon this clotes c	of filing: N/A
		rific and cannot be more than five business days prior to or 90 days after
e date of filing.)	.u, the unit must be spec	and and change by have than are ordinass days prior to or 20 days are
	in this block does not me	eet the applicable statutory filing requirements, this date will not be listed
ie document's effective o	late on the Department o	l'State's records.
Maria and Automatic	• • • • •	
RTICLE VI: Other provi	•	
	GNATURE:	— DocuSigned by:
/A	GNATURE:	— OccuSigned by:
/A	[1	RM
REOUIRED SIG	Signature of a men	-accessions and authorized representative of a member.
REOUIRED SIG	Signature of a men	nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes.
REOUIRED SIG	Signature of a men This document is execute am aware that any false i	d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
REOUIRED SIG	Signature of a men This document is execute am aware that any false it constitutes a third degree	nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes.
REOUIRED SIG	Signature of a men This document is execute am aware that any false it constitutes a third degree	d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in \$.817.155, F.S.
REOUIRED SIG	Signature of a men This document is execute am aware that any false it constitutes a third degree Rodolphe Theodor	d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

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

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)