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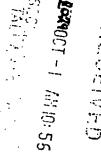
<u>-</u>
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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(850) 524-54372 (850) 524-6243 Jantelle Authorization Signature: ____ Black Moke 2021, LLC Business Document # Walk in Will wait ____ Certified Copy of the filing Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> ____ Profit __ _ Amendment Resignation of R.A. Officer/Director Not for Profit ____Change of Registered Agent X Limited Liability ___ Domestication Dissolution/Withdrawal INC Conversion CORP Statement of Correction, OTHER Merger **OTHER FILINGS** REGISTRATION/QUALIFICATIONS Annual Report Foreign Filing Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC Statement of Authority Domestication of a Foreign Corp. **COUNTRY** Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

(850) 524-54372 (850) 524-6243 Authorization Signature: Black Moke 2021, LLC **Business** Document # __ Walk in Will wait Certified Copy of the filing Certificate of Status **NEW FILINGS AMENDMENTS** ___ Profit __ _ Amendment Resignation of R.A. Officer/Director Not for Profit ___X_ Limited Liability ____Change of Registered Agent ____ Domestication Dissolution/Withdrawal 1 INC Conversion () CORP ___Statement of Correction: OTHER Merger **OTHER FILINGS** REGISTRATION/QUALIFICATIONS Annual Report __ Foreign Filing Partnership Fictitious Name Reinstatement ____ CORRECTION for a Foreign LLC Statement of Authority Domestication of a Foreign Corp. APOSTIL COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

COVER LETTER

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SUBJE		IOKE 2021, LLC	•					
30Dat.	C1	Na	me of Limi	ted Liabili	ty Company		_	
The enc	losed Articles of	Organization and	i fee(s) are	submitted	for filing.			
Please re	eturn all correspo	ondence concerni	ng this mat	ter to the fe	ollowing:			
	Sandra Z. Gi	een, Esq.,						
				Name of	Person			-
	Jonathan H.	Green & Associa	ites, P.A.					2024
				Firm/Co	npany			
	901 Ponce d	e Leon Boulevard	d. Suite 60	i			- -	1
				Addre	ess		1	?
	Coral Gables	s, Florida 33134					1 - 1	`. `5
			Cit	ty/State and	d Zip Code			7
	SZG@JHGL/							_
		z-mail address: (t	o be used t	or future a	nnual report notificati	ion)		
For furthe	er information co	ncerning this mat	ter, please	call:				
	Sandra Z. Gr	een, Esq.	305 at (372-5100			
	Name of Person			Area Code Daytime Telephone Number			_	
Enclose	d is a check for t	he following amo	unt:					
■\$ 125.	.00 Filing Fee	□\$130.00 Fili Certificate of	ng Fee & Status	Certific	5.00 Filing Fee & ed Copy is enclosed)	Certificat Certified	0 Filing Fee te of Status & Copy copy is enclo	È.
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		iling Section on of Corporation	ıs		New Filing Section D The Centre of Tallaha			
	P.O. B	ox 6327	-		2415 N. Monroe Stre	et, Suite 810		
	Tallah	assee, FL 32314			Tallahassee, FL 3230	3		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BLACK MOR		_ 			
(Mu	st contain the words "Limited Li	ability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and s	treet address of the principal offi	ice of the Limited L	iability Company is:		
<u>P</u>	rincipal Office Address:		Mailing Address:		
242 NW LeJei	ine Road	242 NW LeJeune Road			
4th Floor		4th Fl	oor		
4th Floor Miami, Florida ARTICLE III - Register (The Limited Liability Co		Miam Registered Agent Registered Agent, Y	i, Florida 33126 's Signature:	ndividual or	
4th Floor Miami, Florida ARTICLE III - Register (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration. street address of the registered a	Miam Registered Agent (Agent Agent	i, Florida 33126 's Signature:	ndividual or	
4th Floor Miami, Florida ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration. street address of the registered a	Miam Registered Agent (Agent Agent	i, Florida 33126 's Signature:	ndividual or	
4th Floor Miami, Florida ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration. street address of the registered a Jonathan H. Green & A	Miam Registered Agent. You Registered Agent. You Regent are: Associates, P.A. Name	i, Florida 33126 's Signature:	ndividual or	
4th Floor Miami, Florida ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration. street address of the registered a	Miam Registered Agent. You Registered Agent. You Regent are: Associates, P.A. Name Ulevard, Suite 601	i, Florida 33126 's Signature: ou must designate an ii	ndividual or	
4th Floor Miami, Florida ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration. street address of the registered a Jonathan H. Green & A 901 Ponce de Leon Bot	Miam Registered Agent. You Registered Agent. You Regent are: Associates, P.A. Name Ulevard, Suite 601	i, Florida 33126 's Signature: ou must designate an ii	ndividual or	

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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>MGR</u>	LG AUTO HOLDINGS, LLC 242 NW LeJeune Road. 4th Floor Miami. Florida 33126	
	7024 CCT	
(Use attachment if necessary)	of filing: (OPTIONAL)	
he date of filing.) Note: If the date inserted in this block does not make the document's effective date on the Department of the ARTICLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to 01790 days a neet the applicable statutory filing requirements, this date will not be list of State's records.	
REOUIRED SIGNATURE:		
This document is execute I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	

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 Section 100

\$ 5.00 Certificate of Status (Optional)