

M/6000002099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

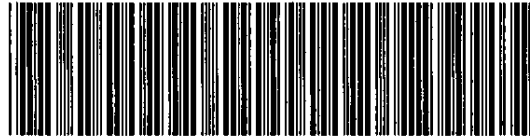
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 14

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blackrock LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Patricio Dotras

\_\_\_\_\_  
Name of Person

Blackrock LLC

\_\_\_\_\_  
Firm/Company

950 Brickell Bay dr., unit 3308

\_\_\_\_\_  
Address

Miami, FL, 33131

\_\_\_\_\_  
City/State and Zip Code

pdotras@bkfarming.com

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

For further information concerning this matter, please call:

Patricio Dotras

617

8388310

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Blackrock LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Blackrock Florida LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Arkansas 3. 38-3891583 (Federal EIN)  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 950 Brickell Bay dr, unit 3308, Miami, FL, 33131

\_\_\_\_\_  
(Street Address of Principal Office)

6. 950 Brickell Bay dr., unit 3308, Miami, FL, 33131

\_\_\_\_\_  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

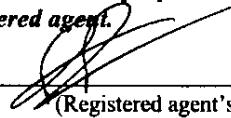
Name: Patricio Dotras

Office Address: 950 Brickell Bay dr., unit 3308

Miami, Florida 33131  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

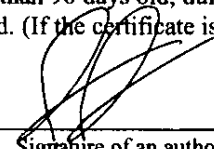
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Patricio Dotras

Manager

950 Brickell Bay dr., unit 3308, Miami, FL, 33131

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

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.

Patricio Dotras

Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



**Arkansas Secretary of State  
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**BLACKROCK LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office November 6, 2012.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 8th day of March 2016.

*Mark Martin*

Mark Martin  
Secretary of State

Online Certificate Authorization Code: 4b3682d2cb54965

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)

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