

M19000006733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

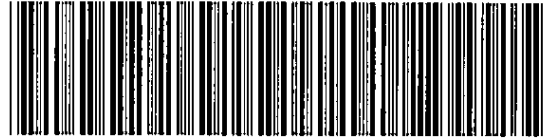
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-62513

AL

Office Use Only



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06/21/19--01020--021 **100.00

06/21/19--01020--022 **25.00

FILED
2019 JUN 28 AM 10:51
FALL RIVER, MA
STATE OF MASSACHUSETTS

D. BRUCE
JUL 15 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2019

L.W. CAVE
PO BOX 81322
MOBILE, AL 36689

SUBJECT: BLACKCAVE IX, LLC
Ref. Number: W19000062513

We have received your document for BLACKCAVE IX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

The document must contain the entity's complete mailing address.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 819A00013703

2019 JUN 29 AM 10:51
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACKCAVE IX, 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:

L.W. CAVE, MANAGER
Name of Person
BLACKCAVE IX, LLC
Firm/Company
PO BOX 81322
Address
MOBILE, AL 36689
City/State and Zip Code
wayne@lwcrei.com
E-mail address: (to be used for future annual report notification)

FILED
2018 JUN 28 AM 09:51
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

WAYNE CAVE
Name of Contact Person
251
Area Code
343-1040
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Manager Name: L.W. CAVE
 Member Address: PO BOX 81322
 Authorized MOBILE, AL 36689
 Person _____
 Other _____ Other _____

Title or Capacity: Manager Name: VINCE CAVE
 Member Address: PO BOX 81322
 Authorized MOBILE, AL 36689
 Person _____
 Other _____ Other _____

Manager Name: DEMEDICI INVESTMENTS
 Member Address: C/O ROBERT BLACKERBY
 Authorized 155 SOUTH COURT AVE, #1503
 Person ORLANDO, FL 32801
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

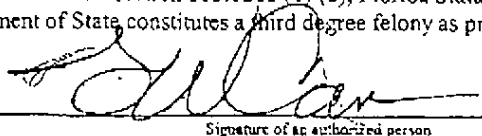
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

2011 JUN 28 4 15 51 PM
 MAIL ROOM
 STATE OF FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



Signature of an authorized person

L.W. CAVE

Typed or printed name of signee

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that BLACKCAVE IX, LLC was formed in Mobile County, Alabama on February 5, 2019. The Alabama Entity Identification number for this entity is 542-554. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20190708000019414

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

07/08/2019

Date

John H. Merrill

Secretary of State