44500000

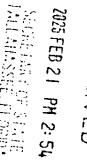
(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Number	er)
Certified Copies Certificat	es of Status
Considerations to Cilian Officer	
Special Instructions to Filing Officer:	

Office Use Only



400442642534

400442642534 02/21/25--01013--013 ,^^130.00



FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

BLACKWATER MARINE DETAILING LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CHECK: # 10006

AMOUNT: \$130.00

THANK YOU!

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Blackwater Marine Detailing L.L.C. 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:
Leff Dawson Name of Person
Blacknater Marine Detailing L.L.C.
188 Emme H whaley Road
Crawford ville FL 32327 City/State and Zip Code blackwatermarine det ailing a yahou com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □\$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:	
The hame of the Ellined Elability Company is.	
Blackwater M	Liability Company, "L.L.C.," or "L.L.C.")
(Must contain the words "Limited I	Liability Company, L.L.C., or Lyc.
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
188 Emmett Whaley Ro CrawDYdVIlle FL 3232	ad 188 Emmett whatey Road
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or
anome: business citity with all active i fortua registatio	1
The name and the Florida street address of the registered	agent are:
<u>Jeff</u>	Dawson
	Name
188 Emn	nett whaley Road
	s (P.O. Box <u>NOT</u> acceptable)
- C - 1	110 =

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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR Jeff Dawson	188 Emmett Whatcy Rd.
MGR Summer Stokley	188 Enmett whaley Pd.
	3
	<u> </u>
	
(Use attachment if necessary)	1
ICLE V: Effective date, if other than the date is effective date is listed, the date must be speate of filing.) If the date inserted in this block does not make the date inserted in the Department of the Depar	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days and the applicable statutory filing requirements, this date will not be lis
ICLE V: Effective date, if other than the date is effective date is listed, the date must be speate of filing.) If the date inserted in this block does not me	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days and the applicable statutory filing requirements, this date will not be lis
ICLE V: Effective date, if other than the date is effective date is listed, the date must be speate of filing.) If the date inserted in this block does not make the date inserted in the Department of the Depar	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be lis of State's records.
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speate of filing.) If the date inserted in this block does not melocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a melocument is executed a manuary false.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be lis of State's records.

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)